October 2003

KARNATAKA STATE PLAN OF ACTION FOR CHILDREN (2003 - 2010)

A commitment to children of Karnataka

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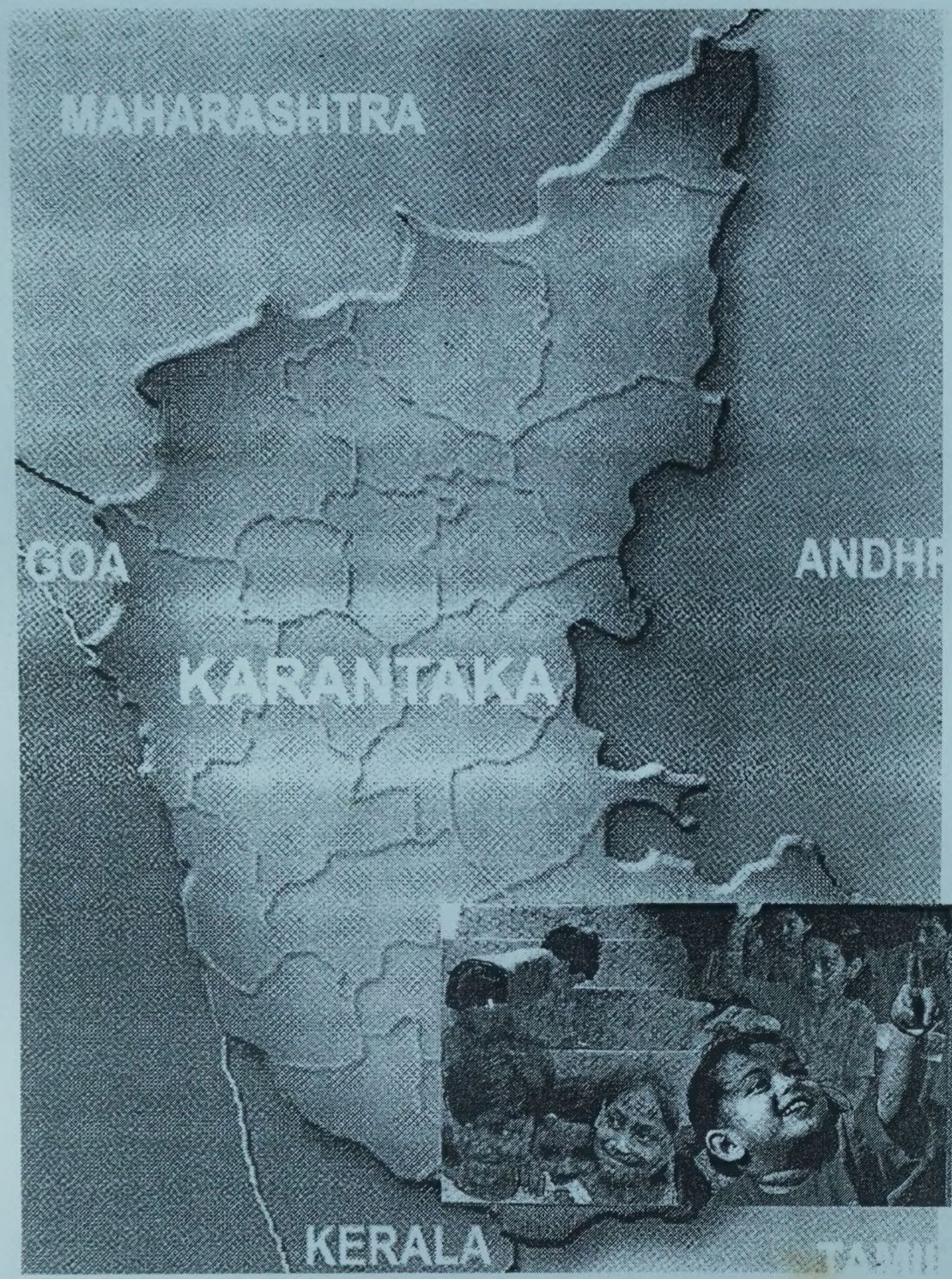

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Preliminary Draft

CONTENTS

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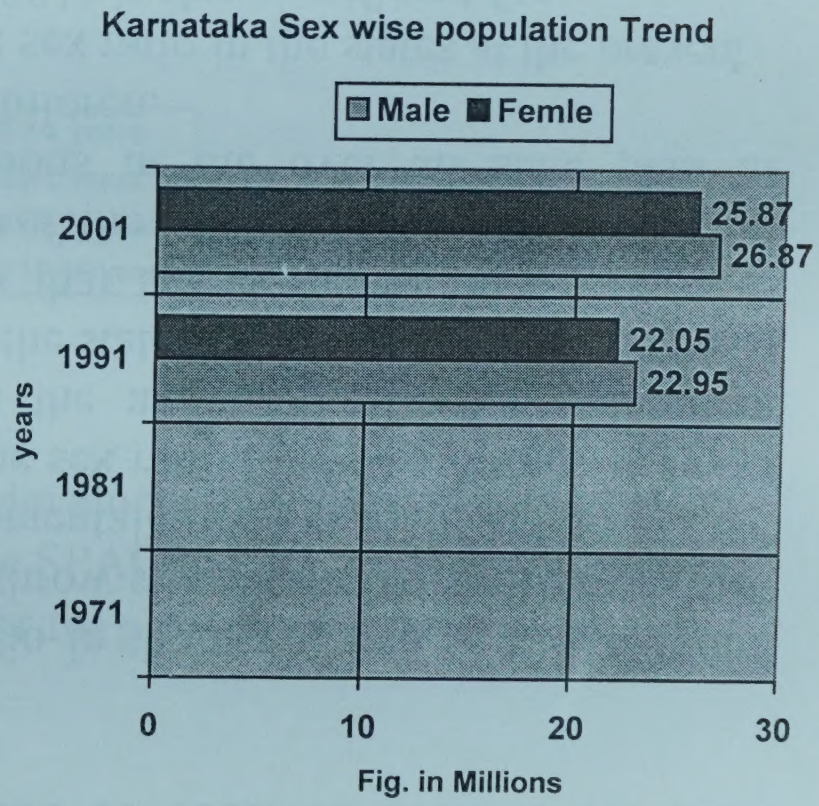
KARNATAKA STATE PLAN OF ACTION ON CHILDREN (2000-2010)

Preliminary Draft

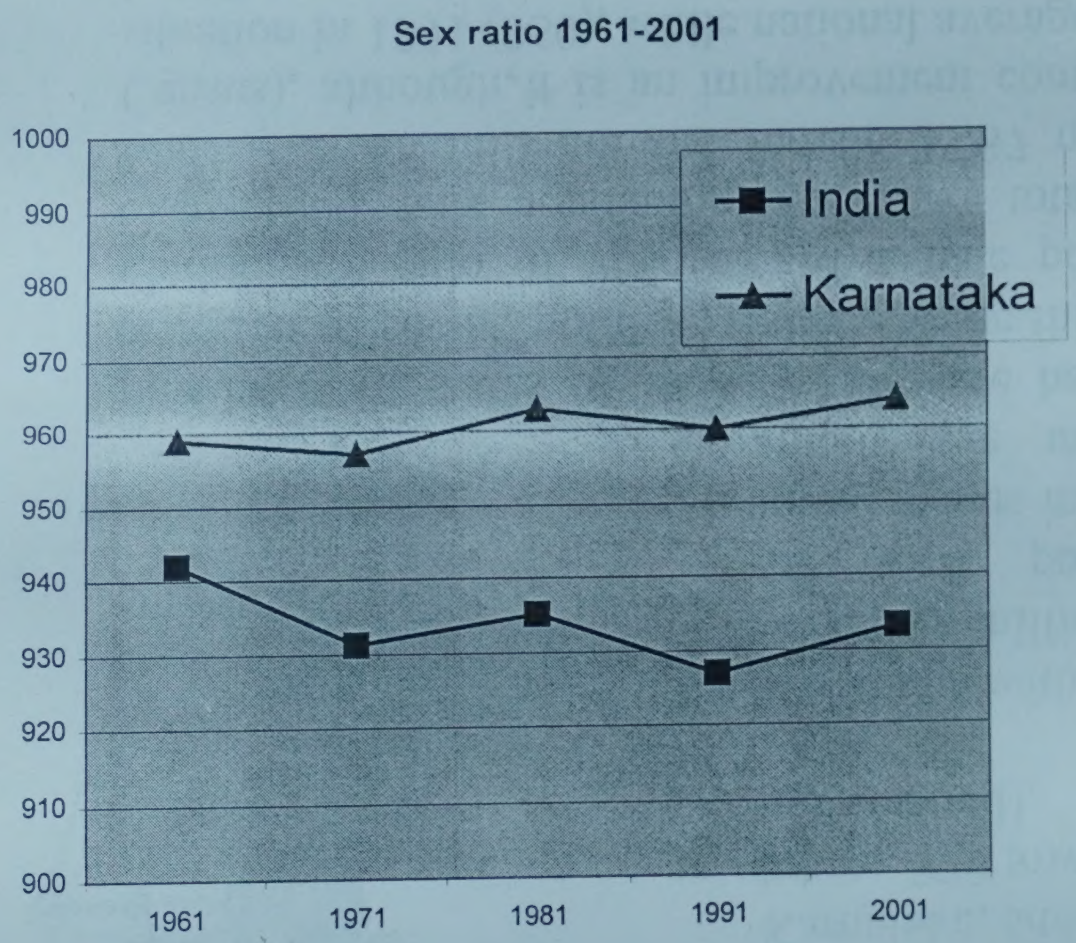
Introduction

Karnataka, situated in southern part of India has 27 districts with 175 taluks, 270 towns and 29483 villages (27575 inhabited, 1908 uninhabited).

Karnataka with a population of 52.734 millions (5.2 % of the total population of India) stands in the 9th place among the major thickly populated 16 states of India. The state has drawn the attention of social, political and economic thinkers with a glaring sex ratio of 964 (no. of female population for every 1000 male population. Karnataka total population Male – 26.85 millions and female 25.87 millions-2001 Census), although it is an improvement compared to the situation in 1991 (960), while national average of sex ratio is 927 (the world average is 990).



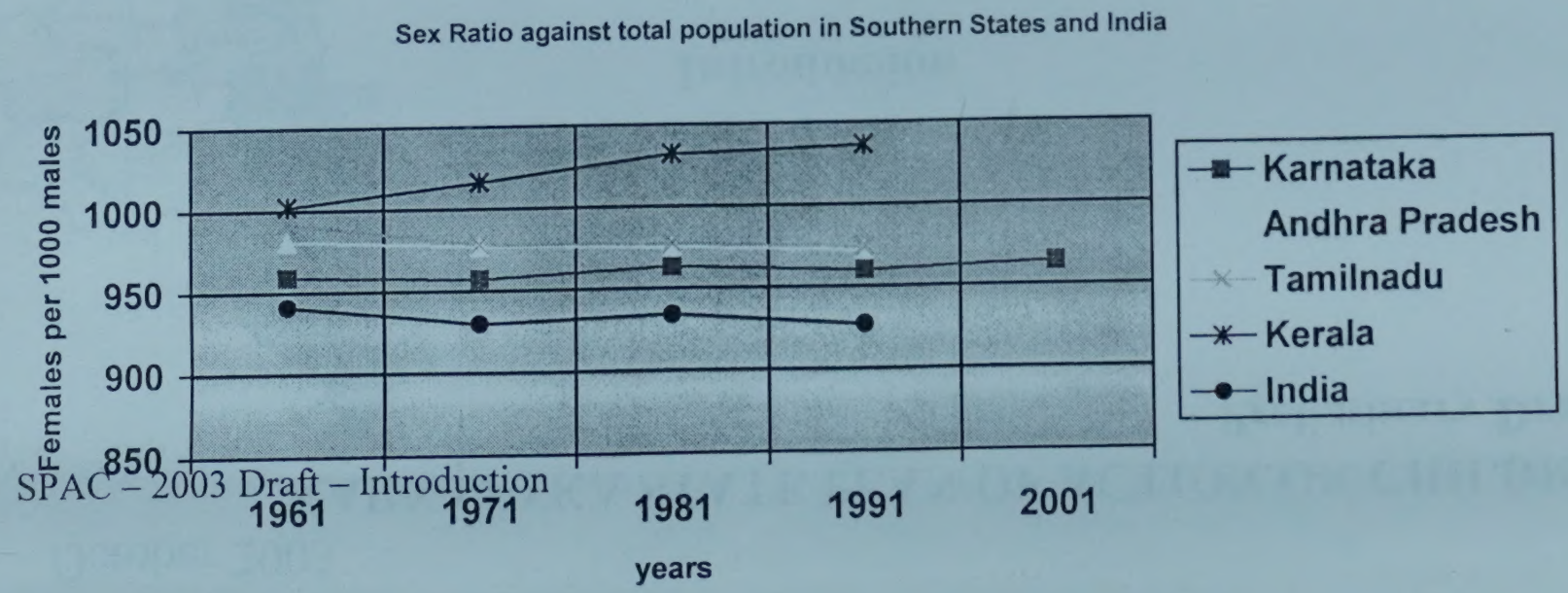
The sex ratio against total population in the last six decades although show a slight improvement it is still a matter of concern. The similar trend with concern can be observed even in the child population.



The sex ratio in the age group of 0-4, 5-9 and 10-14 also throw significant light with respect to the developmental priorities in the state.

Similarly the sex ratio in the age group of 15-19 also draws the attention of the development thinkers of the state. These are some of the basic information that act as determining factors to the several of the issues that we are taking up for discussions in the over all state plan of action for children.

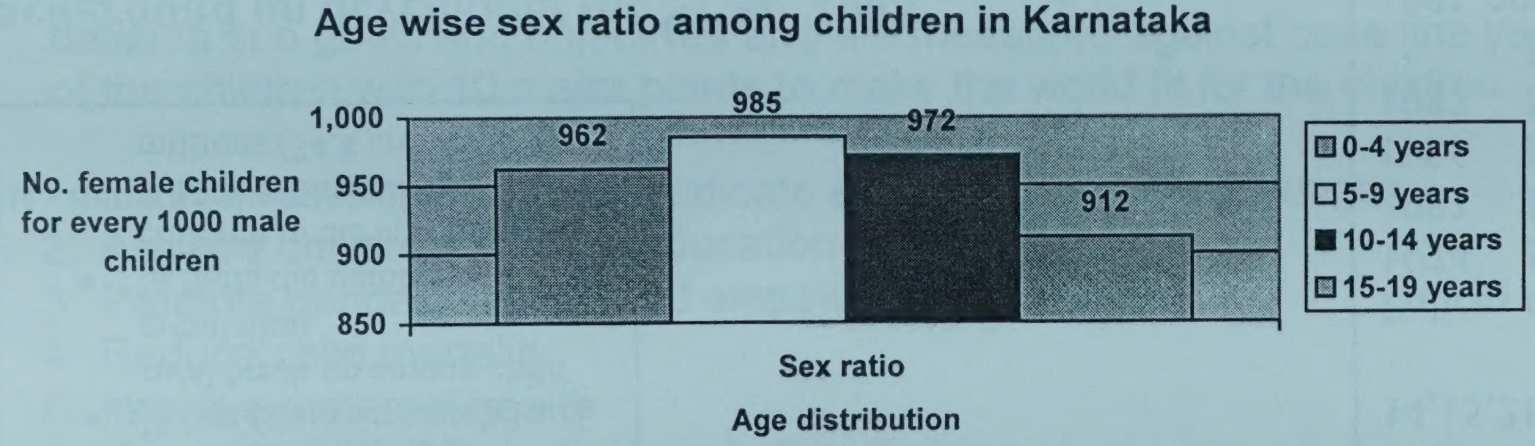
Further, the sex ratio in the states at the present situation (2001) is also significant for discussions and planning for the children of Karnataka for the current decade.



Sex wise Child Population Karnataka 2001Census

Karnataka Population	Male	Female	Total	Sex ratio
Total Population	**26,856,343.00**	**25,877,615.00**	**5,27,33,958**	**964**
0-6 years	**35,01,499**	**33,24,669**	**68,26,168**	**949**
Population density: 275 per Sq.Km			Census 2003	
0-4 years	2,607,014.00	2,508,098.00	**51,15,112**	**962**
5-9 years	2,868,639.00	2,826,721.00	**56,95,360**	**985**
10-14 years	2,733,394.00	2,655,077.00	**53,88,471**	**972**
15-19	2,305,374.00	2,102,213.00	**44,07,587**	**912**
Total (0-19)	10,514,421.00	10,092,109.00	**20,606,530.00**	**960**

* The Indian Child a Profile 2002



Sex ratio at various development stages of children is the major development indicator with respect to SPAC. Such break up as per different districts would direct the SPAC to take up concrete actions. Further, urban rural break up also can be seen as a major indicator for planning for the children of Karnataka.

The above figures clearly indicate the alarming situation with respect to children in Karnataka especially in the adolescent age group, where they face several kinds of difficulties and that is the age when they need most care, protection and counselling services.

- 35 % of the population is said to be between 0-14 years age group
- 7 % of the population in 12-18 age group
- Urban (slum separately) and rural break up among child population.
- In India the number of children in the age group of 0-14 is estimated to 348 millions (34.8 crores).

1950 Constitution (Article 31 14,15,21,23,24,39,42,45,47)

Polices and Action Plans :

1974	National Policy for Children
1983	National Health Policy (2002)
1986	National Policy on education
1987	National Policy on Child Labour
1991-2000	National Plan of Action for SAARC decade of the girl child
1992	National Plan of Action for Children
1993	National Nutritional Policy
1995	National Plan of Action on Nutrition

IPC Sec. 376 … wife below 12 years (?)

Background on developing the SPAC 2003

A commitment to the children as the citizens of India can be seen in the mother of all laws and acts the Constitution of India. Later, the governments at both center and state have come out with several policies, plan and programmes for the welfare of the children. After ratifying and accepting the CRC-The Convention on the Rights of the Children, several positive steps have been taken by the government for child development and well being of he children. The recent one is the amendment to the constitution to bring in the Right to Education (Art 21 A. 86th Constitutional Amendment).

In the year 1994 India Government proposed and brought in a National Plan of Action for children which was responded by the state by developing a state plan of action for children. Several steps and measures were taken to percolate the essence of the SPAC to the district and taluk level for the betterment of the children.

The present state plan of action has been developed while drawing guidelines and lessons from the CRC, UN Goals and NPAC while collecting primary data from various departments and reviewing the available secondary data, brought out by the Census operations, various departments of the State Government and the periodic surveys, data analysis like the MICS, NFHS and the publications of the UNICEF.

SPAC the process involved.

- The State Plan of action for Children is drawing guidelines and frames from the National Plan of Action for Children (NPAC) 2003.
- The NPAC goals and objectives are drawn from the goals set by the UN document, A WORLD FIT FOR CHIDLREN, Millennium Development Goals, set at the Special Session on Children, 2002.
- 189 member states of UN have agreed to the eight-millennium development goals. (Each goal has detailed sub goals and objectives and are measured against base line year 1990) and the statement of the children with 10 major points to make the world fit for the children.

UN - millennium development goals Eradicate extreme poverty and hunger

2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development.

A WORLD FIT FOR US' children's statement

This statement is highlighted in the UN document under the following heads:1. We are the world's children and treat us equally

2. We see respect for the rights of the child

3. We see an end to exploitation, abuse and violence
4. We see an end to war
5. We see the provision of health care
6. We see the eradication of HIV/AIDS
7. We see the protection of the environment
8. We see an end to the vicious cycle of poverty
9. We see the provision of education
10. We see the active participation of children

Declaration adopted by the UN General Assembly at the twenty seventh special session on 10th May 20021. Put children first

2. Eradicate poverty: invest in children
3. Leave no child behind
4. Care for Every child
5. Educate every child
6. Protect children from harm and exploitation
7. Protect children from war
8. Combat HIV/AIDS
9. Listen to children and ensure their participation
10. Protect the earth for children.

At the end of the UN general assembly a global Action Plan was announced with a request that the national governments prepare a plan of action for the children.

A World Fit for Children
Action Plan with goals, objectives and Strategies

1. Promoting healthy lives
2. Providing quality education
3. Protecting against abuse, exploitation and violence
    a. General protection

b. Protection from armed conflicts
c. Combating child labour
d. Elimination of trafficking and sexual exploitation of children

4. Combating HIV/AIDS

The document also emphasises on the need for mobilizing resources and follow up actions and assessment

In line with the global plans the NPAC- National Plan of Action for Children 2003 is under development with the following main and sub subsections.

I. Promoting Healthy Lives

1. Health (Child Health)*
2. Maternal Health *
3. Nutrition *
4. Water and Sanitation *
5. Early childhood care
6. Adolescents
7. Health care services
8. Children with disabilities *

II.Providing Quality Education

1. Primary Education*
2. Adult Education

III.Protection Against Abuse, exploitation and Violence

1. Abuse, neglect, exploitation and Violence *
2. Sexual Exploitation and trafficking *
3. Combating child labour *
4. Children in especially difficult circumstances *

IV.Combating HIV/AIDS *

Some musts in the SPAC.

- **The SPAC to have clear monitoring indicators – process and impact.**
- **Scope for review – periodic review by a joint committee of Govt. and NGOs at district and divisional level as well state level.**
- **Involvement of NGOs and networks in monitoring and reporting**
- **Some NGOs to be designated to take intensive monitoring work with two to three taluks as a unit for the implementation of the SPAC plans in all the districts. (This to include, micro planning, capacity building, monitoring and reporting)**

General strategies to realise the SPAC goals and objectives

- ✓ It is vital to have a review / survey to measure all the basic indicators as in MICS at least once in two years all over the state.
- ✓ In 2003 itself there should be a dissemination of the plan to the district level in 10 districts (at least). It should be also taken down tot he taluk level in these district to make taluk level plans and then percolate the same to the village panchayath level in the select 10 districts.
- ✓ On the basis of the SPAC the government to come out with a general child policy and women policy.

V. Cross Cutting Themes

1. Girl Child
2. Women

VI. Birth Registration.

With this background the state government initiated the process of developing the SPAC by constituting sub committees to work on the key issues with both Government and non-government representatives. Four sub groups have been constituted to work on the SPAC by the state government.

1. Early Childhood Care
2. Health
3. Education
4. Special Protection Measures.

The sub committees met to give their feed back to the construction of the SPAC under specific heads. At the same time the Directorate of Women and Child Development contacted the concerned departments to give their plan of action for the development of the children in Karnataka. Several departments took the lead by providing relevant information. A consultant appointed by the government made efforts to contact the several of the departments for more information.

For furthering the process of a developing a concrete SPAC the consultant conducted a detailed situational analysis while reviewing the SPAC 1994 and the reports of the various departs. The analysis with gaps, questions and issues were circulated among the departments for further clarification and information. Later a draft SPAC has been drawn up for larger consolations and comments by the NGOs, academic institutions, media and research institutions.

The draft SPAC to have the following steps

- A brief introduction to the SPAC.
- Short notes on each section
- Request for looking into the draft SPAC from division/district and taluk level perspective.

Karnataka Situation Table 01

Legend	1950s	1960s	1970s	1980s	1990s	2001	2011
Population							
Male							
Female							
Sex ratio				963	960	964	
Birth Rate per 1000	42			31	26.2		
Death Rate	23			11	8.5		
Growth Rate	19			20	17.7	17.25	
0-6 population							
Male							
Female							
0-6 Sex ratio							
6-14							
Male							
Female							
15-18							
Male							
Female							

Table 02

Legend	1950s	1960s	1970s	1980s	1990s	2001	2011
Life expectancy at Birth (years)					62	62.5	
Age at marriage		16.5	17	18	19.2		
MMR per 1 lakh live births						195	
Total Fertility rate (SRS)					3.3		
Adult Literacy rate %						67.04	
Male %						76.29	
Female %					41	57.45	
Low birth weight %						17.5	
Still birth rate							
Perinatal Deaths (0-7 days)				57			
Neo natal mortality (0-4 weeks)							
Post neo natal deaths (4-52 weeks)							
IMR (< one year – for 1000 live births)			89		73	58	
Male							
Female							
% of infant deaths to total deaths							
ARI deaths							
U5MR						69.8	
Institutional delivery %						51.1	
% of deliveries – skilled personnel						61.9	
% of live births attended by untrained professionals							
% of mothers who have received ante-natal check ups (MICS)						84.2	
% of mothers who received post natal check up						31.7	
Fully Immunisation coverage %						60 %	
% of house holds using iodised salt for cooking (MICS)						32.2	
Rural						18.6	
Urban						57.7	
% of children under 0-3 months exclusively breast fed						50.2	

Table 03

Legend	1950s	1960s	1970s	1980s	1990s	2001	2011
% of births registered among children < 5 years (MICS)						51	
3-6 age group population							
Male							
Female							
% of children attending Pre primary school						64.4	
Male							
Female							
Child Population 6-14 years							
Gross Enrolment Ratio							
Non enrolled children						765000	
Total Drop out rate							
Male							
Female							
Attendance							
Male							
Female							
Primary school completion rate							
% literate children 10-14 years							
Boys							
Girls							
No of primary schools 1-7							
No of teachers							
Students:Teachers (ratio)							
No of Hostels 1-7 class							
No. of inmates							
Boys							
Girls							
No of high schools							
Student: teachers ratio							
No of hostels 8-10							

No of inmates							
Boys							
Girls							
No. of schools with Drinking water facility							
Urban							
Rural							
No of schools with Sanitation facility (Urban /Rural)							

Table 04

Legend	**1950s**	**1960s**	**1970s**	**1980s**	**1990s**	**2001**	**2011**
HIV prevalence – Ante natal cases -%						**1.02**	
People living with HIV/AIDS							
Victims of rape <16 years							
No of Convicted cases							
Reported cases of child trafficking							
No of convictions							

Table 05

Proportion per thousand of children of < 15 years living with both parents						**830**	
" – "With one parent						**122**	
" – " <15 orphans						**3**	
No of orphanages registered/inspected							
No of inmates							
Fit person institutions							
No of recognised adoption agencies							
No of incountry adoptions							
Boys							
Girls							
No of inter country adoptions							
Boys							
Girls							

No of children given under foster care							
Boys							
Girls							
No of institutions under JJ Act (special home/observation home/after care homes)							
For Boys							
For girls							
No of inmates							
Boys							
Girls							
% of children in 5-14 years currently working (MICS) (14.70 lakhs!)						13.6	
No of cases booked against employers of children							
No. of convictions							
Amount collected as fine							

Table 06

Legend	1950s	1960s	1970s	1980s	1990s	2001	2011
Access to Water							
Rural %						85.5	
Urban %							
Access to sanitation							
Rural %						16.5	
Urban							
% pucca houses							
Rural							
Urban							
% cucha house							
Rural							
Urban							

Other basic information

- Rural Population 66.0 % (Urban Population 34.0 %)
- ST Population 4.6 %
- SC Population 16.4 %
- Population Below Poverty Line (Rural) 17.4 %
- Population Below Poverty Line (Urban) 25.3 %
- Child Marriages: Around 35% in the age 15-19 are married(MICS 2000)
- Awareness programmes on child labour, literacy, education, child marriage, bonded labour, female foeticide and infanticide, AIDS/HIV;
- Age specific death rates for female children and women.
- Anemia during pregnancy status : 48-50%
- Low birth weight children : 17.5%
- Nutrition status : 90% children underweight
- Protein Energy Mal nutrition 1980's 48.8 % in 1990's 54.5 . Devadasi system – prevalence and prevention-rehabilitation
- Child trafficking incidents – prevention and rehabilitation
- Child labour

MICS –2000 (Sample size 4603 House holds; Children below 5 years 2472; children 5-14 years 5151; women in the age group of 15-49 years 5764)

- Median Age at marriage – 15.2 year (s
- Median age at first pregnancy – 16.5
- Median age at first delivery – 16.8

Presentation of the SPAC

1. Introduction
   - Background
   - Karnataka Situational Analysis - Status in 1950's to 1991 to 2001
2. Major and Specific Goals (2003-2010)
3. Guiding Principles for operatinalisation –
4. Mechanism for implementation and monitoring

I. Promoting Healthy lives
   1. Child Health
   2. Maternal health
   3. Nutrition
   4. Water and sanitation
   5. Early Childhood care
   6. Care of the Adolescents
   7. Health Care services
   8. Children with disability
   9. School health

II. Providing Quality Education
   1. Primary Education
   2. Adult Education

III. Protecting Against Abuse, Exploitation and Violence
   1. Abuse, Neglect. Exploitation and Violence
   2. Sexual Exploitation and Trafficking
   3. Combating Child labour
   4. Children in especially difficult circumstances
   5. Combating HIV/AIDS

IV. Cross Cutting Themes
   1. Girl Child
   2. Women
   3. Birth Registration

Some issues for discussions and clarity
- Getting statistical data with respect to key indicators at divisional level (later to take the issue for discussions at district level with district level and taluk level data)
- Giving divisional level development indicators and strategies for furthering the action plan.

1. Review mechanism
Process Indicators
2. Impact indicators.

1. **Over View on each sub sect – small paragraphs**
2. **Preset state of affair - Goals**

CHILD IN KARNATAKA

A comparative analysis on the basis of a few key human development indicators in South Indian States

Table 01 MATERNAL HEALTH-Pre Natal

	ANC full	ANC any	Pregnancy Anemia	Consumed 100 IFA	Received 100 IFA	TT	Age at 1st Preg
Andhra Pradesh		89.7			81.2	72.2	
Karnataka		84.2			78	69.2	
Kerala		96.7			95.2	75.4	
Tamilnadu		94.9			93.2	87.3	
India		61.8			57.6	60.3	

Table 02 MATERNAL HEALTH –Postal Natal

	Anemia (Lactating mothers)	Birth Spacing >36 months %	MMR	Low Birth weight (proportion) <2500gms	Weightment at birth	Institutional Deliveries
Andhra Pradesh				23		
Karnataka				18		
Kerala				16		
Tamilnadu				19		79.8
India				22		

Table 02 BIRTH

	Birth Regist. %	Sex Ratio		Mortality Rates					Life Expectancy At Birth	
		0-6 years	At Birth	U5MR	IMR	Post NN	Neo Natal	Still Birth rate	Female	Male
Andhra Pradesh	32	964			66				63	60.8
Karnataka	**51**	**949**		**69.8**	**58**		**58**		**64.5**	**61.1**
Kerala	89	963		18.8	14		13.8		75.8	70.2
Tamilnadu	69	939			52			16.3	64.8	62.8
India	35	927			70				61.4	60.1

Table 02 HEALTH

	Immunisation							
	No Immunisation	Fully Immunised	Measles	OPV3	OPV1	DPT3	DPT1	BCG
Andhra Pradesh	4.5	59	64.7	81.6	93.8	79.5	89.8	90.2
Karnataka	**7.7**	**60**	**67.3**	**78.3**	**91.9**	**75.2**	**87**	**84.8**
Kerala	2.2	80	84.6	88.4	96.9	88	96	96.2
Tamilnadu	0.3	89	90.2	98	99.7	96.7	98.6	98.6
India	14.4	42	50.7	62.8	83.6	55.1	71.4	71.6

Table 02 HEALTH

	MORBIDITY % children			
	Fever	Cough	Diarrhea	Polio Cases(numbers)
Andhra Pradesh	28.6	19.3	15	
Karnataka	**25.9**	**7.9**	**13.9**	**20 (2003)**
Kerala	41.5	22.8	11.6	5
Tamilnadu	22.3	10.3	14.4	30
India	29.5	19.3	19.2	

Source: NHFS- II, 98-99

Table 02 DEVELOPMENT AND NUTRITION

	Micronutrient				
	ANEMIA			% received Vitamin-A	Use of Iodised Salt
	Mild	Moderate	Severe		
Andhra Pradesh	23	44.9	4.4	24.8	27.4
Karnataka	**19.6**	**43.3**	**7.6**	**48.4**	**43.4**
Kerala	24.4	18.9	0.5	43.6	9.3
Tamilnadu	21.9	40.2	6.9	16.2	21.2
India	22.9	45.9	5.4	29.7	40.4

NFHS-II 98,99

Table 02 DEVELOPMENT AND NUTRITION

	Nutritional Status							
	Weighing	Normal	Grade-1	Grade-2	Grade 3&4	Wasting	Stunting	% Under Weight children under 3 yrs
Andhra Pradesh								38
Karnataka								**44**
Kerala								27
Tamilnadu								37
India								47

Table 02 **DEVELOPMENT AND NUTRITION**

	Feeding Practices		
	Colostrum	Exclusive Breast Feeding	Complementary Feeding Up to 6months
Andhra Pradesh			
Karnataka			
Kerala			
Tamilnadu			
India			

Table 02 **SCHOOLING**

	Pre-Schooling		Primary			
	Attendance Rate	Enrolment	Completion % M,F	Learning Achv	Drop out	Gross ER
Andhra Pradesh			49,31			
Karnataka			**57,40**		**7.52**	**92.1**
Kerala			74,68		2.4	86.16
Tamilnadu			64,46		14.5	94.7
India			53,34			

Table 02 **SCHOOLING**

	1-8 ELEMENTARY				
	Completion	Learning Achv	Drop out	Net ER	Gross ER
Andhra Pradesh					
Karnataka					
Kerala					
Tamilnadu					
India					

Table 02 ENVIRONMENT

	Coverage Drinking Water				Sanitation			
	Water Source	Arsenic Affected Blocks	Overall Households	Primary School	Utilisation	Overall Households Coverage	Utilisation	Primary Schools Coverage
Andhra Pradesh			91			34		
Karnataka			**89**			**36**		
Kerala			57			88		
Tamilnadu			90			38		
India			84			37		

Table 02 **CHILDREN REQUIRING SPECIAL ATTENTION**

	Child Labour			Disability		Out Side Parental Care		
	Hazardous (absolute number)	% share among workers	Incidence % MICS 2000	Overall Incidence	incidence %children (24-59 months)	Juveniles apprehended under IPC/JJ	Children in homes	orphanage
Andhra Pradesh			25					
Karnataka			**13.5**					
Kerala			7.6					
Tamilnadu		16.7	21.3					
India			14					

Table 02 **CHILDREN REQUIRING SPECIAL ATTENTION**

	Violence			
	Crime	Abducted Kidnapped	Trafficking	Missing children
Andhra Pradesh				
Karnataka				
Kerala				
Tamilnadu				
India				

Table 02 **ADOLESCENCE**

	Anemia	Nutritional	Marriage		HIV Aids		Female Literacy(7+)
		BMI<18.5	Median Age at Marriage	% married < 18 years	Incidence	Knowledge	
Andhra Pradesh				80		70.6	46.2
Karnataka				**61**		**65.8**	**55.4**
Kerala			23.5	27		87	85.5
Tamilnadu				42		74.5	59.1
India				65		43.1	51

(Source:MICS 2000)

Section I

PROMOTING HEALTHY LIVES

I. PROMOTING HEALTHY LIVES

1. Health (Child Health)

Preamble: (Excerpts from the GOI National Policy for Children draft June 2001)

Every child has a right to survival. The sate and community will undertake all possible measures to ensure that the child's right to survival is protected and realized by addressing issues related to *neo-natal mortality, Infant Mortality and Under 5 Mortality*.
In particular, the sate and community will undertake all appropriate measures to address the problems of infanticide and foeticide, especially of female child and all other emerging manifestations, which deprive the girl child of her right to survival

Right to Health

- The State shall take measures to ensure that all children enjoy the highest attainable standard of health, and provide for preventive and curative facilities at all levels especially immunisation and prevention of micronutrient deficiencies for all children.
- The State shall take measures to cover, under primary health facilities and specialised care and treatment, all children of families below the poverty line.
- The State shall take measures to provide adequate pre-natal and post-natal care for mothers along with immunisation against preventable diseases.
- The State shall undertake measures to provide for a national plan that will ensure that the mental health of all children is protected.
- The State shall take steps to ensure protection of children from all practices that are likely to harm the child's physical and mental health.

Right to early childhood care

- The State shall in partnership with community provide early childhood care for all children and encourage programmes which will stimulate and develop their physical and cognitive capacities.
- The State shall in partnership with community aim at providing a childcare center in every village where infants and children of working mothers can be adequately cared for.
- The State will make special efforts to provide these facilities to children from SCs/STs and marginalised sections of society.

Major Goal	National Goals
UNGASS Goal - Reduction in the infant and under-five mortality rate by at least one third, in pursuit of the goal of reducing it by two thirds by 2015 [UN, 36(a)]	Reduction in Infant mortality Rate (1MR) to 45 per 1000 live births by 2007 and to 28 by 2012 (10th Five Year Plan (2002-07), Planning Commission)

State situational Analysis

Childhood Vital Statistics	Karnataka
Perinatal Mortality	47.8/1000 live births
Neonatal Mortality	37.1/1000 live births
Post natal Mortality	14.4/1000 live births
Infant Mortality Rate	51.5/1000 live births
Infant Mortality Rate (SRS, 99)	58/1000 live births
Under 5 mortality	69.8/1000 live births
Low Birth Weight	Urban 27-56% Rural 33-41%
Breastfeeding within one hour of birth	5.4%
Exclusive Breastfeeding for first 6 months	3.2%
Child Mortality Rate	18.3/1000 children

Source: NFHS II (98-99)

Health Department	Issues/Questions/information to Pursue
Infant and child mortality have declined during the past few years (from 77 in 1991 to 53 in 1997). However, during the past five years the decline has not been significant (1998 – 2001 at 58). This is due to the neo natal mortality, constituting more than 60% of the IMR. *In the past few years neonatal mortality rate has been more than twice the level of post neonatal mortality.* The health condition of the mother, age and parity at child bearing, the quality of maternal care during pregnancy and at the time of delivery are some of the important factors that influence neonatal mortality for further reduction in neonatal mortality rate, which will contribute significantly to further reduction of infant mortality rate. No. of institutional deliveries and with the help of trained attendants / dais / doctors Insti.Del / By trained att Rural 44.0 / 54.6 Urban 75.3 / 80.5 Total 52.9 / 61.9	Need for District / divisional wise/sex/urban-rural - IMR - U5MR - Neonatal mortality. (Higher and lower)

Karnataka attained universal immunization coverage in 1990 and has succeeded in sustaining coverage levels since then. In 2002-2003, more than 90% coverage was reported by official sources for each antigen in practically all districts, barring some of the ***northern and eastern districts.*** However, even in the relatively well-covered districts, coverage evaluation surveys (CESs) have revealed lower levels of achievement for the measles vaccine. The cold chain is a critical variable. Although the cold chain equipment 'breakdown rate' has been held at less than 8% and more than 85% of OPV (…) samples tested have been found satisfactory with regard to potency level, there is scope for considerable improvement.	• the immunization coverage statistics from the four divisions - pregnant women / mothers - children
The reported *measles vaccine coverage is more than 90% in the state as a whole,* however with considerable inter-district variations, CES reveals lower levels of coverage in some districts (over 10% difference). A marked reduction in number of cases has been noted in the past.	Divisional wise measles vaccine (to understand the gaps and to pay more attention)
The year 2002-2003 recorded 92% coverage (immunising against poliomyelitis) as per objective performance. There has been a marked reduction of reported cases from 492 in 1992 to '0' cases since Dec. 2002	A few cases are reported from Bellary. Worthwhile to record the cases and experience in bringing in zero % of polio cases.

Karnataka Population			0-1 years Infants		1-2 Toddles		3-5 Pre school		6-10 Primary school		11-13 Middle School		14-15 High School		16-18 Post High School		Total	
Male	Female	Total	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
26856343	25877615	52733958																

Goals.

1994 SPAC Goals	Status	State goals	2005	2007	2010
By 2000 –IMR <50	IMR – 58 (Rural 69 ; Urban 27)	Reduction in Infant Mortality Rate (IMR) to 55 per thousand live births by 2005 and to 50 by 2010 (Perinatal, neo natal, post neo natal deaths) Reduction in Infant Mortality Rate to below 30 per 1000 live births by ….. (National Population Policy) Reduce Infant Mortality Rate to 25 per 1000 live births by 2020 (Vision 2020, Final Report of the Task Force on Health and Family Welfare, GOK)		< 55	< 50
	Concentration on N. Karnataka Districts is very important.				
By 2000 - < 10		1-4 year child mortality rate (CMR) to less than 16 per 1000 live births.	<16		< 10
	U 5MR – 69.8 (1994-98)	Reduction of U5 Mortality Rate (U 5 MR) to 60 per thousand live births by 2007 and to 50 by 2010 (Reduce to 35 – Vision 2020 – pp 440)			
	Neonatal mortality – 58	Needs clarity and district wise information			
	Need information	85 % coverage of immunization for each antigen by 2005 and 100% coverage of immunization by 2007 to children in all age groups (BCG, DPT, OPV, and Measles) and sustain the coverage in 2010. To increase percentage of children fully immunised to 90% by 2020 (Vision 2020, Final Report of the Task Force on Health and Family Welfare, GOK)			
	(No current statistics)	Establishment of standardization procedures for government and private hospitals/PHC's/CHC's to certify as "Baby Friendly"			

Objectives

1994 Objectives	State's Status	State Objective 2005/2007/2010
Eliminate neonatal tetanus by 1995 and sustain the same.	75% immunization of pregnant women	*Eliminate maternal and neonatal tetanus by 2005 [UN 37 (7)]* **Eliminate neonatal tetanus by 2005and sustain the achievement.**
Reduction in measles deaths by 95 % and reduction in measles cases by 90% by 1995 compared to 1985 levels and elimination of measles mortality and morbidity by 2000	Immunisation coverage – 75.46% *(Source: Annual Report of Dept. of H& FW 2001-02)* Deaths - ?	*Reduce deaths due to measles by half by 2005 [UN 37 (7)]* Reduction in measles deaths by 95 % and reduction in measles cases by 90% by 2005 compared to 2000 levels.
Sustain immunization coverage of 100% in each district using coverage evaluation survey data.	Under One Up to five 60 % (2001-HTF)	*Achieve universal immunization of children against all vaccine preventable disease (National Population Policy)* **Sustaining immunization coverage of 90% in each district using coverage evaluation survey data. (2010)**
Elimination of poliomyelitis in 10 districts by 1995 and eradication throughout the state by 2000.	20 cases reported in the past 2 months	*Elimination of poliomyelitis in all districts by 2005 (National Health Policy)*
Reducing ARI deaths to 40%	7.9% reported cough during the NFHS II Deaths ?	*One third reduction in deaths due to Acute Respiratory Infections (ARI) [(UN 37 (11)]* **Reduction of mortality rates due to acute respiratory infection (ARI) among children under 5 years by 30%**
Improving usage of ORT and reduction in deaths and incidence rate due to diarrhea (Deaths by 95% and cases by 25% - 2000)	14.5% reported diarrhea cases (MICS 2000) Deaths ?	*Fifty per cent reduction in deaths due to diarrhea in children under the age of 5 years [(UN 37 (11)]* **Reducing diarrhea deaths by 85 % and diarrhea cases by 15 % (2010)**
	Attacks – 342 Deaths - 1	*Fifty percent reduction in cholera [(UN 37 (11)]*
	More than 3 lakh cases of malaria reported *(Source: Annual Report of Dept. of H& FW 2001-02)* Deaths -?	*Reduce mortality by 50% on account of Malaria by 2010 (National Health Policy)*
		Fifty percent reduction in tuberculosis [(UN 37 (11)] Reduce mortality by 50% on account of TB, Malaria and other vector and water borne diseases by 2010 (National Health Policy)

Achievement of Universal awareness about HIV/AIDS by 2000		Fifty percent reduction in sexually transmitted infections, HIV/AIDS [(UN 37 (11)]
		Achieve Zero level growth of HIV/AIDS by 2007 (National Health Policy)
		Fifty percent reduction in all forms of hepatitis [(UN 37 (11)]
Reduction in incidence of low birth weight babies by 20% from existing levels.	35 % (Vision 2020– HTF) 17.5% (MICS 2000)	*Reduction in proportion of Low birth weight babies to 10 % (2010)*
	43.9% children are underweight	*Reduction in the percentage of underweight children by 25% (especially those under the age of three)*
	3.3 children per 1000 have difficulty seeing during the day 2.0 children per 1000 have difficulty seeing during the night. This statistics is seen only in the rural area. No cases are reported in urban. **(MICS)**	*Reduce prevalence of blindness*
	70.6%(Vision 2020-HTF) 6.2 % severe 45.4% moderate	*Reduction in the prevalence of anemia to 2% in severely anemic children and to 25% in children with moderate anemia*
	48-50% pregnant women are anemic	*Reduce prevalence of maternal anemia to less than 20%*
		Reduction of maternal mortality rate to 100/100000 live births
		Management of premature deliveries

'…. child survival is not synonymous with child health, and that morbidity data are also very important. Unfortunately, the collection of morbidity data is not done systematically, particularly community based data. Also due to the absence of standardization in the presentation of data, making a comparison of findings of different studies over time or across regions is often rendered difficult' – Bose pp 45

Infant deaths (deaths below age one year) are indicative of wastage of human life. They reflect the state of maternal and child heath services, access to them, and extent of utilisation.
Desegregation of state level data by districts brings out the differences in the situation in different parts of the state as is at the national level.

An understanding about the following is needed while working on the health status of children

- IMR – reasons (killer diseases, diarrhea, cradle deaths, accidents, etc)
- Neonatal Mortality rate (NNMR) : measures the number of deaths in the first four weeks after birth per 1000 live births during the year
- Post Neonatal Mortality Rate (PNMR) : measures the number of deaths in the subsequent 48 weeks of an infants life per 1000 live births during the year (The sum of these two gives IMR 52 weeks)
- Still Birth ratė (SBR) :measures the number of still births per 1000 live plus still births during the year
- Perinatal mortality rate (PMR) : measures the number of still births plus infant deaths within a week of birth for every 1000 live plus still births during the year, which is a sensitive indicator of care services and their quality. It is also a sensitive indicator of the extent of pregnancy wastage
- Inter district study of IMR and other facts
- Urban rural variation
- Gender variation.

Need to develop process indicators for each sector.

Strategies :

- Concentration on Northern Karnataka with specific goals at all sectors and sections.
- Differential goals to the different regions of Karnataka keeping in view the prevailing disparities in several of the key development indicators.

1. Encourage every pregnant mother to register the pregnancy and every birth and also deaths and the reason for deaths at the nearest registration office.
2. Elimination of polio incidence and achieving polio eradication. - Every child under the age of five years to be given oral polio drops during NIDs / SNIDs every year on fixed days. Strengthening monitoring system at both Anganawadi and ANM level by monthly tracking system.
3. Strengthening routine immunisation (with the aim of raising the percentage of fully immunised children to above 80 percent.) - Each district to reach more than 85% coverage for each antigen verified by the CES (Coverage Evaluation Survey)

4. By giving equal emphasis to all immunizations with back up IEC in all the parts of the state with specific reference to the northern districts with active community involvement from district to village panchayath level.
   - Universal immunization programme
   - Fixed day strategy
   - Catch up and follow up rounds
   - Collecting information about new cases
   - Involvement of NGOs and other groups.
5. Review and develop a new vision of the immunisation programme in the medium term (?) - Development of new epidemiological patterns, availability of new vaccines, and delivering mechanisms and advances in cold chain technology
6. Providing facilities, for diagnosis of TB Patients through Integrated General Health Services. - Prevent infection by providing BCG vaccination. Detect new TB cases. Providing optimum treatment for TB nearer to resident of Patients
7. Reduce deaths due to malaria - Encourage community participation in- malaria control
8. Supplying potable drinking water, treatment to drinking water /chlorinating, improving the conditions of water storages, distribution of ORS packets in high prevalence areas and promotion of indigenous ORS for local uses and disinfections of houses
9. Take health education through mass media and Dissemination of information through All India Radio, Doordarshan, Pamphlets and posters, Community education, School health education with active role of the district health education officer.
10. Popularize and systematize the Waste disposal and management in both urban and rural areas.
11. Take up all necessary measures to reduce spread of HIV infection in Karnataka - Measures to prevent mother to child transmission – new born infection. (Centennial Surveillance and VCTC). Link with issues related to child abuse, protection and trafficking. Strengthen Karnataka's State capacity to respond to HIV/AIDS on a long-term basis.

2. Maternal Health

Issues to consider :

Mean age at marriage (division wise and district wise) – HDK-1999	
Sex Ratio	964 females / 1000 males
Sex ratio (0-6 years)	949 females / 1000 males
Fertility rate	2.13
Crude birth rate	22.2 per 1000 Rural 23.6 Urban 19.0
Life expectancy – women	65.4 years
No. of women visiting health institutions for different ailments – rural /urban	
Marriage/pregnancy / delivery registration – urban and rural	Birth registration – 51%
Reproductive and general health	
Gender gap in education - literacy/illiteracy – urban and rural	
Presence of women in local bodies	
Government health programmes- directed or targeted to women	
RCH programme results	
IPP results	
Gender related health index	

Major Goal	National Goal
UNGASS Goal - Reduction in the maternal mortality ratio by at least one third, in pursuit of the goal of reducing it by three quarters by 2015 [UN 36 (b)]	Reduction in Maternal Mortality Ratio (MMR) to 2 per 1000 by 2007 and to 1 by 2012 (Planning Commission)

State situation analysis

Health dept. notes	Issues to be brought out in the situation analysis
Maternal Mortality rate in Karnataka is estimated to be 195 per 1,00,000 live births. Based on this it is estimated that 2150 mothers die in childbirth every year, i.e., 6 mothers die every day. The major immediate causes of maternal deaths are bleeding (32%), anemia (13%), puerperal sepsis (8%), toxemia (10%), septic abortion (1%), obstruct labour (4%), others (32%). The underlying factors are early marriage, early and frequent child bearing with short spaced pregnancies, coupled with illiteracy, malnutrition and poor availability of proper maternity services. 90% of these deaths can be prevented over time with appropriate health, social and economic measures; and over two-thirds of these deaths can be prevented now if appropriate health measures are instituted.	Information about the districts and taluks where there is high MMR and with specific reference to the various kinds of reasons for MMR. How many deaths during institutional delivery - by trained personnel ? - by untrained personnel? Deaths at the time of Non institutional deliveries - by trained personnel? - By untrained personnel? Role of registered medical practitioners / gynecologists in rural/urban/sub urban areas? • No. of ANMs distribution in these districts. • Pregnancy registration status • Subsidiary food supply status • Tracking of /registration – whose responsibility • Birth registration status • Marriage of girls < 18 years • Status of transportation facilities to the nearest PHC during emergency and complication situations. • Who is accountable for the deaths of the mothers during delivery? – institutional and non institutional deliveries

State Goal

1994 SPAC Goals (by 2000)	Status	State goals	2005	2007	2010
	No. of marriages below 18 years				
	No. of pregnancies below 18 years				
Reduce from 3.4	2.13 fertility rate	Reduce fertility rate (Health Task force pp. 440)			1.6 (2020)
	964/1000 males	Raise sex ratio (Health Task force pp. 440)			975 f/1000 m
Reduction of MMR to 200 per 1,00,000 live births.	MMR is 195 per 1,00,000 live births Pp436 Health Task Force Vision 2020 (UNESCO –450)	Reduce Maternal Mortality Ratio to below 100 per 100,000 live births (National Population Policy) Reduction of Maternal Mortality Ratio – MMR to below 175 per 1,00,000 live births by 2005 and to 100 by 2010 (2001 – MMR is 195)	**175**		**100/1,00,000**
		Reduce Maternal Mortality Rate to 90 per 1,00,000 live births by 2020 (Vision 2020, Final Report of the Task Force on Health and Family Welfare, GOK)			**90**
		Sub goals for MMR reduction			
Reduce CBR to 21 / 1000 population	CBR 22.2 per 1000 population	Reduce Child Birth Rate (CBR)	**21**	**20**	**10**
100 %		Ensure 100% deliveries to be safe	**80%**	**90%**	**100%**
	75.8% coverage	100% coverage for tetanus toxoid immunization			

Objectives

1994 SPAC objectives	Karnataka Status	State Objective
	No. of personnel trained in obstetric care? How many maternal health care units with equipped and trained staff? How many places have postpartum care services?	Ensure that the reduction of maternal and neonatal morbidity and mortality is a health sector priority and that women, in particular **adolescent expectant mothers,** have ready and affordable access to essential obstetric care, well equipped and adequately staffed maternal health-care services, skilled attendance at delivery, emergency obstetric care, effective referral and transport to higher levels of care when necessary, postpartum care and family planning in order to, inter alia, promote safe motherhood [UN 37 (1)]
	Safe deliveries – 59.2%	Special emphasis on prenatal and post-natal care, essential obstetric care and care for new-borns, particularly for those living in areas without access to services [UN 37(6)]

<table>
<tr>
<td>100% deliveries to be attended by trained birth attendants.</td>
<td>Institutional deliveries – 51.1%
(47% in Public sector
43% in private sector)

<table>
<tr><th></th><th>Insti.Del</th><th>By trained att</th></tr>
<tr><td>Rural</td><td>44.0</td><td>54.6</td></tr>
<tr><td>Urban</td><td>75.3</td><td>80.5</td></tr>
<tr><td>Total</td><td>52.9</td><td>61.9</td></tr>
</table>
(MICS 2000)</td>
<td>Achieve 80 percent institutional deliveries and 100 percent deliveries by trained persons (National Population Policy)

Alt: Achieve 100 % deliveries by trained personnel and provide 100% access to institutional delivery system wherever there is complication.</td>
</tr>
</table>

Strategies:

- Enhance RCH Programme encompassing fertility regulation, Child Survival and Safe Motherhood, Management of Reproductive Tract Infection and Sexual Transmitted Infection (STI) and life cycle approach to women's reproductive health problems.

Educate couples to delay pregnancies below 21 years of age; promotion of birth intervals of three years, restricting total number of births to two only.

- Family planning to get inbuilt in the comprehensive package on RCH.
- Focus on younger couples and spacing methods
- Involvement of all systems of health care and NGOs.
- Social marketing of contraceptives
- Involvement of Panchayath Raj institutions and peoples groups
- Innovative approaches for strengthening IEC activity for small family
- Special efforts in poor performing districts
- Reproductive health education and services to be incorporated into departmental activities.
- Implementation of Postpartum Programme, 'sterllised-bed Scheme' and MTP Act.

- **Ensure 100% coverage of pregnant women with antenatal care; 100% births attended by trained birth attendants and referral facilities for high-risk pregnancies and obstetric emergencies available for every 3-5 lakh population.**

- Intensification of RCH programmes providing a package of services: essential obstetric care, early detection of complications and emergency services for those who need it.
- Supporting MCH services: antenatal care, immunization, management of anemia, timing and spacing of births, clean delivery etc.
- Developing an appropriate communication strategy: bridging the gap between awareness and utilization of MCH services through intensified motivation, education and communication.
- Upgrading of knowledge and skills of medical officers and health workers for essential obstetric care, early detection and management of complications.
- Ensuring services for immunization with tetanus toxoid, prophylaxis and treatment for anemia, services for birth spacing and timing antenatal care, management of sepsis and toxemia through the RCH programme

- Providing first referral services for obstetric emergencies specifically bleeding and obstructed labour for every 3,00,000 population in a phased manner
- Developing alternate modes for transportation of emergencies through community support.

- **Other strategies for discussions**

- Increase ANC coverage in poor performing districts and strengthen referral services in better performing districts
- Focus of quality aspects and medical audit in district with very high institutional deliveries.
- Fill up all the existing ANM vacancies with trained local personnel to meet the demand at various locations.
- Upgrading the skills of ANMs to become gatekeepers for referrals and to work very closely with AWW and conduct child health clinics in Anganawadi on specific days.
- Making ANM responsible and accountable for registering every pregnancy and child birth in her jurisdiction and for providing universal ante natal and post natal services (National Population Policy 2000)
- Providing antenatal cards to all pregnant women across the state
- Providing access to subsidized food and nutrition security to every pregnant woman.

3. NUTRITION

Right to Nutrition
The State shall take steps to provide all children from families below the poverty line with adequate supplementary nutrition and undertake adequate measures for ensuring environmental sanitation and hygiene.

CORE CONCERN
Nutrition is a fallout of food insecurity, and negative social practice aggravates it. Food security is a fallout of many factors converging to hit the disadvantaged: disenfranchisement, improper distribution, land use and forest policy, water access, displacement. The NPA must address underlying problems, not just deal with symptoms. The Tenth Plan says that" state subsidies must continue". SPAC should specify food security actions.

Major Goal	National Goal
Reduction of child malnutrition among children under 5 years of age by at least one third, with special attention to children under two years of age, and reduction in the rate of low birth weight by at least one third of the current rate.	

State Situational Analysis

Department of Women & Child Development / Health	Issues and questions Information to pursue
The nutritional status of the children of Karnataka is in a deplorable condition. 90.6 % of the children are suffering from under nutrition of which almost 52 % are in the severe to moderate category. 35% of the newborn babies with low birth weight is another indication of the poor nutritional status of our state. Moreover, weight for age and weight for height indicators show up a dark picture with more than 50% of the children being below par the normal standards. (Final Report of the Task Force on Health and Family Welfare, GOK, April 2001)	**Divisional/district level information on malnutrition**
2. District/division wise details about malnutrition and anemic conditions. • 70.6% children in the age group of 6 – 35 months are anemic with more than 50% in the severe to moderate group. • In 1992 –93 , the target achieved for administration of first dose of Vitamin A was 83 % and second dose was 27%. When this same indicator was measured **in 1998-99 during NFHS-II, the percentage had fallen to 48.4%(first dose) and 22.8% in the second dose.** • In Karnataka 24.1 % of households use un-iodised salt. Elimination of iodine deficiency in goiter prevalent districts is a target of the state government but no programme or policy implementation is seen at present.(MICS 2000) • Protein Energy Malnutrition is still the most widespread disorder in children and children who suffer from chronic malnutrition is 37% (1989). Also a disparity is seen among the districts with northern districts reporting higher incidence than west and south. A disturbing majority of children in the lower economic group suffer from growth retardation.	Anemia has to be tackled in a holistic manner with comprehensive programmes involving both the mother(pregnant and lactating) and child ? Why a fall in percentage?

State Goals

1994 State goals	Status	SPAC GOALS	QUESTIONS/REMARKS
Reduction in severe as well as moderate malnutrition among under 5 age children by half the 1990 levels (37%)	90.6 % undernourished children in Karnataka		Moreover, there is need to address these ***four levels*** of nutritional status separately as goals rather than objectives?
	6.2 % severe	To reduce ***Severe under nutrition*** to 2.0 % by 2020	Is the understanding of reduction percentage correct?
	45.4% moderate	To reduce ***moderate under nutrition*** by 25 % by 2020	" Needs clarity
	39.0% mild	To reduce ***mild under nutrition*** to 43 % by 2020	"
	9.4%	To bring ***Normal Nutritional status*** of children to 30% by 2020	"Why would we want to reduce the normal nutritional status when the current status is at 9.4%....our goal is to push it up to 30%!
Reduction in incidence of Low Birth weight by 20% from existing levels Encourage women to breast feed their children exclusively for four to six months and to continue breast-feeding with complementary food well into the second year.	35% Urban: 21.2% Rural : 14.4% 17.6% (MICS) Ever breast fed – 98.1%(R) 98.2% (U) M-97.0% F- 99.4% **(MICS 2000)** **Colostrum feeding – 19%** **Exclusive Breast feeding – 50%** **Complementary feeding – 38%**	To reduce newborns with low birth weight to 10% by 2020	Is the understanding of reduction percentage correct? Reduction to 10%?
Reduction of iron deficiency anemia in women by 30% (1990 level : 80%) Universal consumption of iodised salt Control of Vit A deficiency and its consequences including blindness	70.6% 18.6% (R) 57.7% (U) MICS 2000 % received Vit A prophylaxis – 35.4	To reduce anemia among children (6- 35 months) by 40% by 2020	Rather than a reduction of just anemia it could be a reduction of all micronutrient deficiency to 30% at the goal level
Making all hospitals and maternities "Baby Friendly"			Do all practitioners understand this universally? Is BFHI acceptable among all the practitioners?

Objective

1994 OBJECTIVES	STATE SITUATION	SPAC OBJECTIVES
Awareness among all mothers on the importance of exclusive breast feeding during the first 4-6 months and timely introduction of supplementary foods(1995) exclusive breast feeding during the first 4-6 months by 50% mothers and timely introduction of supplementary foods by 80%(1997) 2000 obj. same as main goal	Exclusively breast fed <2 mnths = 18.1% 2-3 mnths = 4.8% 4-5 mnths = 2.1% 6 mnths > 0% **Timely introduction of Complementary foods – 57.1%** **Colostrum feeding – 19%** **Exclusive Breast feeding – 50%** **Complementary feeding – 38%**	1. Protect promote and support' exclusive breastfeeding of infants for six months and continued breastfeeding with safe, appropriate and, adequate complementary feeding up to, two, years of age or beyond. Provide Infant informed choices [UN 37 (5)] **Address the issue of delegitimising of breast milk /traditional/home based foods for commercial gains through policy/legislation**
Reduction of Iron Deficiency Anemia(IDA) by 10%% (1995) *Reduction of Iron Deficiency Anemia(IDA) by 20%(1997)* Reduction of Iron Deficiency Anemia(IDA) by 30%(2000) Iodised salt in endemic areas(1995) Universal Consumption of iodised salt(1997) Control of Iodine Deficiency disorders (2000) Reduce the prevalence of Bitot spots to less than 2%(1995) Reduce the prevalence of Bitot spots to less than 1%(1997) Elimination of Vit A deficiency(2000)	42% anaemic women in the age group 15-45 years 48-50% women are anemic in pregnancy 71 % anemic children 24.1% households using non iodised salt **(MICS)** 2.8% in 1989 83% children administered Vit A first dose and 27% second dose. This percentage has fallen to 48.4 in 1998-99 **Human Development Report 1999** 3.3 children per 1000 have difficulty seeing during the day 2.0 children per 1000 have difficulty seeing during the night. This statistics is seen only in the rural area. No cases are reported in urban. **(MICS)**	2. The objective of the National Nutritional Mission is to address the problem of malnutrition in a holistic manner and accelerate reduction in various forms of malnutrition especially in women and children such as under nutrition, anemia, vitamin A deficiency Iodine deficiency disorders and chronic energy deficiency in adults. 3. Achieve sustainable elimination of Vitamin A deficiency by 2010 [UN 37 (22)] 4. Reduce by one-third the prevalence of anemia including iron-deficiencies by2010 [WN '37(22)] 5. Accelerate progress towards reduction of other micronutrient deficiencies. 6. Accelerate progress towards reduction of other micronutrient deficiencies (UN37 (22)) 7. To boost the Universalisation of Elementary Education by impacting upon enrolment, attendance and retention through focussing on the nutritional needs of children studying in classes I-V. 8. To generate awareness on various aspects of nutrition and promote nutrition education as an essential component in all ongoing GO and NGO programmes.

	• Anemia among women is at present 42%(Vision 2020) • The PDS is at present functioning in a haphazard manner and the beneficiaries need to be re-identified and streamlined • The Food and Nutrition Board works in all rural and urban areas for Nutrition education. • Karnataka is still to finalise the State Plan of Action for Nutrition? • The Karnataka Mahila Abhivruddhi Yojana launched by the GOK in 1993-94 is to allocate 1/3rd resources to women development programmes. Similarly programmes like DPEP, Mahila Samakhya and the CSSM reduce gender gaps in education and health.	9. Improve the nutrition of mothers and children, including adolescents, through household food security, access to basic social services and adequate caring practices (UN37 (13)) **Grass root level reach of information?** **basic social services....any strategies directly resulting in dissemination and feedback?** **Inputs to PHC, CHC workers regarding holistic health including Nutritional component and dissemination of Information through them** **Evaluation of govt. programme to measure effectiveness?** **State Nutrition Policy?**
	State situation mentioned in previous table	10. Reduction In Malnutrition (National Nutrition Mission) 11. Reduction/elimination of micronutrient deficiencies relating to iron, iodine and Vitamin A etc. (National Nutrition Mission) 12. Reduction in chronic energy deficiency (National Nutrition Mission) **Definition and measurement of chronic energy deficiency??** **Requires Multi-sectoral coordination.....what modality will be adopted?**

STRATEGIES

1. Educate mothers on the importance of Colostrum feeding, exclusive breastfeeding and timely complementary feeding through IEC programmes, home visits, community classes etc.
2. Emphasis on sound infant and young child feeding practices specially Colostrum feeding and exclusive breast-feeding through the ICDS programme.
3. To streamline and improve food distribution through the PDS making it accessible for all persons in need. (by redefining BPL families) - grains cereals, pulses, seasonal vegetables should all be made available to those in need through PDS
4. Focus on Nutrition and Nutrition Education in schools and inclusion of this topic in the syllabus of primary education giving due importance and encouraging practical exercises.

5. Mid day meal scheme to be strengthened qualitatively by monitoring its reach and impact on the nutritional and educational status of children.
6. Programmes/ workshops/ hands on experience sharing/ promotional work / Sensitisation and other such methods to be taken up by personnel on a monthly basis at the village level and in other thrust areas like urban slums, tribal areas, habitations etc. The topics may include:
7. Infant & Child care practices
8. Feeding Practices
9. Low cost nutritious foods
10. Nutrition Security and its various aspects
11. Significance of safe drinking water
12. To targets children under five years and to administer oral dose of Vitamin A, every six months, starting after six months of birth.
13. To provide iron and folic acid tablets to pregnant mothers through the sub centres and ensure it is taken by the beneficiaries.
14. Distribution of iodised salt to households in the goiter prevalent districts.
15. Provision of supplementary food through the ICDS and day care centers to children and mothers and special focus on adolescent girls.
16. Supply of Semi Solid Weaning foods through the ICDS Programme
17. To (promote) set up of Energy Food/Ready-to-Eat Food units through the State
18. To support Community based production of nutritious food and equitable distribution.
19. Promotion of Food for Work Programmes
20. Strengthening enrolment and retention exercises through govt. and NGO programmes that adequately address region specific issues of nutrition and related problems.
21. To enhance the student's stamina, provisions should be made to supply iron rich de-worming and Vitamin A tablets.
22. Research and development to be strengthened and results obtained to be circulated to the taluk and panchayath levels for dissemination to all concerned.
23. Personnel (ANM, AWW, and Panchayath members) to receive annual in-house training with an expanded and intensified curriculum to provide nutrition education to the community.

4. Water and Sanitation

Some issues for consideration – situational analysis

Issue	Condition	Division wise			
		Belgaum	Gulbarga	Mysore	Bangalore
State per capita availability of potable water	67 liters per day Tribal / Rural / Urban				
Shortage of ground (potable) water	To what extent ? (Any measures to recharge the same).				
Coverage by					
- tap water supply - hand pumps and tube wells - drawing water from sources outside house premises					
Water borne diseases – 50 % of infant deaths are attributed to water borne diseases	Extent of incidence (partly covered in child health)				
10 % of the total burden of disease is due to poor quality and inadequate quantity of water					
In about 4500 habitations the ground water available is not potable- high levels of fluoride and iron	Need for water policy for drinking, agriculture and industrial uses and protection of watersheds, ground water resources and quality of water				
Status / results of the Rajiv Gandhi national Drinking water mission					
External assisted projects -					
- Karnataka Integrated Rural Water Supply and Water Sanitation Project (World Bank – by 1998-99) – 12 districts					
- Integrated Rural Water Supply and Sanitation Project (Netherlands – by 2001) - Bijapur and Dharwad					
Rural Drinking Water Supply and Sanitation Project (Danida – by 2001) – Bijapur, Bagalkot, Chitradurga, Davanagere and Kolar					

Major Goal:

UNGASS GOAL:	National Goal:
Reduction in the proportion of households without access to hygienic sanitation facility and affordable and safe drinking water by at least one third [UN 36 (d))]	1. All villages to have sustained access to portable drinking water within the Plan period (10th Five Year Plan (2002-07), Planning Commission) 2. 50% of rural population with access to hygienic sanitation (10th Five Year Plan (2002-07) Planning Commission)

'The government of Karnataka and specifically the directorate of health are advised to pay greater attention to their role in implementation of water supply and sanitation schemes and extend access to these basic services to the entire population of the state as an issue of citizens' rights within a tight time frame of 3-5 years'

– **Health Task Force**
pp 58 April 2001

86 % of the total population in the state have access to safe drinking water, although the situation in urban slums and remote villages (both tribal and non tribal) and also in areas where ground water has depleted the situation is quite worse and has its direct effect on women and children.

The situation in Northern Karnataka and also several of the taluks in the southern plains need to be reviewed for both availability of safe drinking water and sanitation facilities.

State Goal

1994 SPAC Goals	Status	State goals	2005	2007	2010
Potable water					
		1. Ensuring the right of children to safe drinking water a top priority of the Government of India (Annual report DWCD, MHRD 2001-2 PP 61)			
At least 95% coverage of rural habitation with safe drinking water at 40 lpcpd with an attempt to reach 100% under different programmes.	86 % of the total population have access to safe water The situation in urban slums is worse than many rural areas.	2. 40 liters of safe drinking water per capita per day for human beings. 3. Swajaladhara Scheme 4. One hand pump for every 250 persons (with back up services –repairs and maintenance – community participation) 5. Water source within the habitation or within 1.6 km in the plans and within 100 meters of elevation in the hilly areas 6. Coverage of all rural habitations with drinking water	100%		
		7. Providing safe potable water to all slum dwellers irrespective of notified or de-notified status of the urban slums.			
Solving the water quality problem in all the affected villages including brackish, fluoride water problem.		8. Ensuring the right of children to safe drinking water a top priority of the Government of India (Annual report			

		DWCD, MHRD 2001-2 PP 61) 9. Prevent the deaths of children due to water borne diseases by ensuring every child to get safe drinking water 10. Ensure 100 % to get covered under hygienic sanitation system by 2010. Coverage of all open drains and providing proper sewerage systems – slums/urban/rural areas **11.** Ensure providing of 55 liters of drinking water per capita per day for every person.			

			2005	**2007**	**2010**
Sanitation					
30% coverage of the population by 2000	53% have access to sanitation				
Increase coverage of institutional latrines in schools, sub centers, PHCs and ICDS Anganawadi centers	The number of schools with exclusive toilets for girls and boys is just 12812.				
Increase awareness in the community with a view to bringing behavioral change – maintaining personal hygiene, home sanitation, voluntary construction of sanitary facilities without subsidy					
		Coverage of all open drains and providing proper sewerage systems – slums/urban/rural areas			

Objectives

1994 SPAC objectives	Karnataka Status	State Objective
		1. Develop a water policy for drinking, agriculture and industrial uses and protection of watersheds, ground water resource and quality of water. 2. In efforts to ensure universal access to safe water and adequate sanitation facilities, pay greater attention to building family and community capacity for managing existing systems and promoting behavioral change through health and hygiene education, including in the school curriculum. [UN 37 (23)]
		3. Develop legislation policies and programmes, as appropriate, at the national level and enhance international cooperation to prevent, inter alia, the exposure of children to harmful environmental contaminants in the air, water, soil and food. (UN37 (25))

		4. All rural habitations in the country are to be covered by drinking water supply 'facility by 2004 (Rajiv Gandhi Drinking Water Mission)
		5. Accelerating coverage in rural population (10th Five-Year Plan; Planning Commission)
		6. Generating felt need through awareness creation and promotion of health and hygiene" (10th Five-Year Plan, Planning Commission).
		7. Covering schools in rural areas with sanitation facilities (10th Five-Year Planning Commission).
		8. Encouraging suitable cost effective and appropriate technologies (10th Five Year Plan, Planning Commission)

Strategies:

- Covering the residual Not Covered (NC), Partially Covered (PC) and quality affected rural habitations.
- Evolving appropriate technology mix to improve performance and cost effectiveness of ongoing programmes and to create awareness on the use of safe drinking water.
- Undertake conservation measures for sustained supply of drinking water.
- Accelerate coverage of rural population especially among households below the poverty line (BPL) with sanitation facilities. (Provide individual latrines to families below poverty line).
- Eradicate manual scavenging by converting all existing dry latrines into low cost sanitary latrines
- **Use of low cost technology to convert the human excreta into manure**
- Encourage cost effective and appropriate technologies in sanitation.
- Improve sanitation in villages by adopting an Integral strategy.

There is universal welcome for eradicating manual scavenging. Technology or converting dry latrines into low cost sanitary latrines is still in question. Availability of water and space? How to tackle this issue.

5. Early Childhood Care

State situational Analysis

	Issues/Questions/information to Pursue
Early childhood Care is a right of every child. Is there a clear distinction between 0-3 and 3-6 years age group while working on early child hood care programmes.	**What is the state's response in making early child hood care a right of every child?** a. Is there any community participation in the state run early childhood care programme? b. What is the response of the state to support private/public/NGO interventions in early child hood care that will stimulate and develop their physical and cognitive capacities? c. What is the coverage of state run ECC in every village of Karnataka where large numbers of working mothers (mainly agriculture and manual labour) are involved. d. What is the state's response to the increasing incidents of girls (generally first child) are forced to stay back at home to look after the younger children (missing her educational opportunities) e. The need for ECC is more for the communities of SCs and STs that too in remotely located villages and pockets. f. Establishing relationship with sex ratio
Disaggregated data	**Need to have data from district wise and sex wise for 0-3 and 3-6 for planning. Data to be fed to the local governments and NGOs and other community based organizations.**
Questions related to	
Morbidity and mortality	persistent stagnation of first day, first week and first month morbidity and mortality
Exclusive Breast feeding	Discussed in Nutrition. But to bring in the role of Anganawadi role in promoting exclusive breast feeding and particularly arresting the ritual discarding of colostrums normally present in almost all locations.
Low birth weight	Persistent proportion o f children born with low birth weight (1/3 of all births continue to be low birth weight.
State's child care services	Reach out to 0-3 years age group and quality of the state run services and
Services to	- children of migrant labourers - illegal or unauthorized dwellers on pavements and squatters. - Notified and de-notified slums

Major Goal	National Goals
UNGASS Goal: Development and implementation of national early childhood development, policies and programmes to ensure the enhancement of children's physical, social, emotional, spiritual and cognitive development [UN 36 (e)]	

State Goal

1994 SPAC Goals (by 2000)	Status	State goals	2005	2007	2010
		Improve, implement and sustain the existing early childhood development policies and programs to ensure the enhancement of children's physical, social, emotional, spiritual and cognitive development to reach out to all the children in the state by 2007.			

Objectives

1994 SPAC objectives	Karnataka Status	State Objective
		Strengthen early childhood development by providing appropriate services and support to parents, including parents with disabilities, families, legal guardians and caregivers, especially during pregnancy, birth, infancy and early childhood, so as to ensure children's physical, psychological, social, spiritual and cognitive development. [UN 37 (10)] Reach the programme to the most needy communities situated in remote urban slums, villages and tribal areas

Strategies:

1. Universalise and improve pre - primary education in remote and socio-economically backward area with primary attention to girls through the ICDS. (3-6 years)
2. Provide day care services for the children (0-5) of mainly casual, migrant, agricultural and construction labourers

- Envisages day care services for children in the age group of 0-3 years and include health care, supplementary nutrition, sleeping facilities, immunisation, play and recreation for children.

3. Lay the foundation of proper psychological development of the child

- Strengthening Anganawadi system/projects and expand the reach to all the children in every taluka.
- From the present part time system the anganawadis to take up full time activity

4. Improve the nutritional and health status of pre-school children in the age group of 0-6 years;
5. Enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education with the coordinated efforts of the AWW and ANMs.
6. Achieve effective co-ordination of policy and implementation amongst the various departments to promote child development
7. Motivate the Panchayaths to take ECC in to their agenda and provide space in proper locations to run ECC programmes.
8. Include mental health issues in the curriculum of the AWW training programs and develop reporting and referral systems.
9. Strengthening the monitoring systems and particularly the Balasevika committees in villages while linking the programme very clearly with the ANMs and the PHCs.

Tenth Five Year Plan – Setting up of necessary coordinating mechanism for converging services, pooling resources of related sectors utilizing both manpower and infrastructure to address the holistic and the whole child approach towards better early childhood care and development.

Points for consideration:

- Location and space available to run pre primary centers - role of Panchayaths.
- Attention needed to look at the mental health needs of very young children.
- Attention needed on the mechanism to release siblings (elder brothers and sisters) from baby-sitting to education. – coordination between the ICDS functionaries (Anganawadi worker) and the school system - Teachers, SDMC, Panchayath (physical numbers of children in 0-6 to be available with Panchayath and its members)
- Strengthening the monitoring systems and particularly the Balasevika committees in villages while linking the programme very clearly with the ANMs and the PHCs.
- Review of the state's status with respect to the ILO convention 183 – on maternity (Copy not available at present!)
- Awareness at the level of ANMs and Anganawadi workers with respect to Breast feeding and transmission of HIV/AIDS and their implications - link to HIV issues.

6. Adolescents.

Situational analysis

The state and the community shall take all steps to provide the necessary education and skills to adolescent children so as to equip them to become economically productive citizens, special programmes will be undertaken to improve the health and nutritional status of the adolescent girls.

- National Policy Commitment , GOI National Policy for children Draft of June 2001

Many children (adolescents 11-18?) are pushed into perform several of the adult roles – economic, social and sexual. The amount of risk they face in the early adolescent period in innumerable. They are not adequately equipped to face. Rights with respect to survival, development, protection and participation have a special and separate definition with respect to adolescents.

Major Goal:	National Goal
Development and implementation of national health policies and programmes for adolescents including goals and indicators, to promote their physical and mental health. (UN 36 (f))	

*** The census data with respect to adolescents : district wise**

	Early adolescent			Late adolescent			
	10-14			15-18			
	Male	Female	Total	Male	Female	Total	Total
Karnataka	2,733,394.00	2,655,077.00	**53,88,471**	23,05,374	21,02,213	**44,07,587**	
	Sex ratio		**972**				**912**
Districts							

Risks involved with respect to adolescents:

1. Fear of failure in academics
2. Economic compulsions
3. Early marriage in case of both girls and boys. Girls more vulnerable. (Any statistics about such marriages with any department?)
4. Health risks (Any statistics about deaths of children in the age group of 10-18 with breakup with respect to reasons for deaths)
5. The number of disabled in the adolescent age group
6. Prone to sexual experiments and exploitation – STIs and
7. Number of adolescents leading a life of orphans (on the streets/platforms, etc)
8. No psychological protection and attention.
9. Lack of counseling services
10. Recreation facilities – not in place in villages and slums?
11. Adolescent belonging to SC and ST communities have the worst experience as they grow up
12. Adolescents among migrant families and families being displaced have no future plans – any department to look into the possibilities of vocational and skill education
13. The SDMC and the Panchayath have no specific attention or has any statistics about the adolescents (particularly 14+ up to 17 +)

- All these call for having adolescent issues in all the sections of SPAC.
- Do we have a state youth policy, which includes adolescents?

Any age specific programmes from different departments – information, education, counseling, guidance,
Women and Child Development
Education
Youth services - can they include adolescents too?
Department of Kannada and Culture
Panchayath Raj Institutions
Information and field publicity
Industries and Commerce
Health
Police

State Goal:
Development and implementation of health policies and programmes for adolescents including goals and indicators, to promote their physical, social and mental health with innovative plans and programmes to reach all the adolescent children up to the age of 18 years.

Objectives

1994 objectives	State's status	SPAC 2003
Reverse the trend of decline in sex ratio		1. Improve the declining sex ratio among adolescent age group.
Ensure 100% girl children, including disabled have access to primary education though formal and non-formal and alternative systems.		2. Ensure educational opportunities to all adolescent children, that too differently abled children and girls.
Cover 80% of adolescent girls through special and periodic awareness campaigns on health, nutrition, hygiene, sex education, mother and childcare as well as protection from child abuse and exploitation.	No. of health camps to specifically cover adolescent girls.	3. Develop policies and programmes aimed at children, including adolescents, for the reduction of violence and suicide [UN 37 (21)]
	No. of suicides among 10-18? M/F break up Police?	4. Promote physical, mental and emotional health among children including adolescents, through play, sports, recreation, artistic and cultural expression [UN 37 (19)]
Provide vocational skills for self-reliance among 505 adolescent girls including school dropouts.	No. of vocational institutions in the state Number of trainees passing out from these institutions yearly?Male and female	5. Provide education and training opportunities to adolescents to help them acquire sustainable livelihoods [UN 40 (9)]

	Statistics about adolescent pregnancies?	6. Design, where appropriate, and implement programmes that enable pregnant adolescents and adolescent mothers to continue to complete their education [UN 40 (10)]. 7. Reach 100 % adolescent children – both boys and girls through IEC on health, sex ratio, nutrition, safe parenthood, sexuality education, abuse and exploitation.
		8. Promote physical, mental and emotional health among children including adolescents, through play, sports, recreation, artistic and cultural expression
		9. Develop policies and counseling programmes aimed at children, including adolescents, for the reduction of violence and suicide
		10. Provide education and training opportunities to all adolescents to help them acquire sustainable livelihoods by 2010.

Strategies

1. Improve the nutritional and health status of girls in the age group of 11-18 years.

- Anemia control, immunization coverage, and health education with active participation of ANMs, NGOs, CBOs and SHGs.

2. Provide required literacy and numeracy skills through the non-formal stream of education to stimulate a desire for more social exposure and knowledge and to help adolescent boys and girls who are out of education system improve their decision-making capabilities through Formal and non formal mass education
3. Train and equip adolescent girls and boys to improve/upgrade their home-based and vocational skills while introducing training programmes for self employment
4. Promote awareness of health, hygiene, nutrition and family welfare, home management and child care and to take all measures as to facilitate their marrying only after attaining of 18 years and if possible, even later by extensive education through field publicity and other media
5. Facilitate to gain better understanding of their environment related social issues and the impact on their lives, through personality development and character building programmes to youth particularly in both urban slums, rural areas.
6. Encourage adolescent girls and boys to initiate various activities to be productive and useful members of the society while concentrating on backward areas.
7. Arouse social consciousness of the youth with an overall objective of personality development of the students through community service

7. Health Care Services

Major Goal:

Major Goal	National Goal
Access through the primary health-care system to reproductive health for all individuals of appropriate ages as soon as possible and no later than 2015 [UN 36 (g)]	• Achieve 80% institutional deliveries and 100 % deliveries by trained persons (National Population Policy) • Increase utilisation of public health facilities from current level of <20 % to >75 % by 2010 (National health Policy)

State Situational Analysis

Although health services exist all over the state, the national average of utilisation of services shows that the service is not being utilized by the masses. At the PHC level it is the children, adolescents and the expecting mothers who need the best health care services(in terms of reach, quality and sustainability). There are several instances of complaints from the users of the services. People consider the services as either inadequate or poor. In majority of the locations, it is the apathy on the part of the communities towards the locally available services. At the same time there are genuine reports about the non-availability of the personnel, lack of training and lack of supplies, which reflect the situation of public health. The Health Task Force has commented that the health services at every level need to be revamped keeping in view the forthcoming needs and demands in the present and the next decade.

State Goals

1994 SPAC Goals	Status	State Goal	2005	2007	2010
100% births attended by trained birth attendants	Safe deliveries – 59.2%	Achieve 80 percent institutional deliveries and 100 percent deliveries by 'trained persons (National Population Policy)			
		Increase percentage of institutional deliveries to 75% by 2020 (Vision 2020, Final Report of the Task Force on Health and Family Welfare, GOK)			
		Increase the utilisation of public health facilities from the < 20 % (national level) to > 75 % by 2010.			

Objectives

1994 objectives	State's status	State objectives
		1. Provide access to appropriate, user-friendly and high-quality health care services, education and information to all children [UN 37 (2)]
		2. Strengthen health and education systems and expand the social security systems to increase access to integrated and effective health, nutrition and childcare in families, communities, schools and primary health-care facilities including prompt attention to marginalized boys and girls [UN 37 (15)]

		3. Address effectively, for all individuals of appropriate age, the promotion of their healthy lives, including their reproductive and sexual health, consistent with the commitments and outcomes of recent United Nations Conferences and summits, including the World Summit for Children, the United Nations Conference on Environment and Development, the International Conference on Population and Development, the World Summit for Social Development and the Fourth World Conference on Women, their five year reviews and reports [UN 37 (3)]
		4. Address any disparities in health and access to basic social services including health-care services for indigenous children and children belonging to minorities [UN 37 (24))
		5. To strengthen the primary health infrastructure, and to facilitate the States to bridge the gaps in essential infrastructure and manpower (10th Plan Approach of Family Welfare programme)
		6. Mapping and identification of areas with specific health problems and health situations. 7. Systems improvement to address health needs of children, adolescents and the mothers.

Strategies:

1. Provide primary health care infrastructure through a network of sub centers (SC) public health center (PHC) and community health centers (CHC)
2. Strengthen and revitalize the primary health infra structure for improved provision of basic minimum services in rural areas
3. Provide out reach services for the satellite population and referral centers for sub district centers and primary health centers.

8. CHILDREN WITH DISABILITY

Constitutional background- Rights of children with disabilities

a. The State and community recognise that all children with disabilities have a right to lead a full life with dignity and respect. All measures would be undertaken to ensure that children with disabilities are encouraged to be integrated into the mainstream society and actively participate in all walks of life.
b. The State and community shall also provide for their education, training, health care, rehabilitation, recreation in a manner that will contribute to their overall growth and development.
c. The State and community shall launch preventive programmes against disabilities and early detection of disabilities so as to ensure that the families with disabled children receive adequate support and assistance in bringing up their children.
d. The State shall encourage research and development in the field of prevention, treatment and rehabilitation of various forms of disabilities

State situational analysis

A person with a disability is one who has a functional limitation or an activity restriction. Disabilities include Locomotors disability, visual impairment , hearing and speech impairment, mental illness, mental retardation, multiple disability , and learning disability. • Locomotor disability accounts for nearly 60% of the physical disabilities. • Data on children with disability is almost non-existent and the only available statistics that show a state level picture is the 1991 Karnataka survey. According to this survey only 1% of the population is said to be disabled. Practitioners in different forums question this. (Action Aid surveys show 2 to 3%). • 76% of the people with disability are in the rural areas while 24% are in urban areas. • The incidence of disability among children in Karnataka per 100,000 children is 3644. Nearly 10% of the disabilities in developing countries are caused by preventable factors. • A Bangalore picture is shown in the 2000 survey of Bangalore city, which says that nearly 67.5% of persons with disability are in the age 0-14 years. • Community Based Rehabilitation and Inclusive Education seem to be the answers to holistic reintegration of this group. • Though legislations like the "Persons with Disabilities Act" and the "Rehabilitation Council of India Act" have been passed, implementation of these leaves a lot to be desired. **1991 Statistics** ➢ Orthopaedically Handicapped - 57.6% (Raichur) ➢ Hearing impaired - 14.6% (Raichur) ➢ Visually impaired - 12.45%(Raichur) ➢ Mental Retardation - 10% (Dharwad)	**Questions**

The incidence of disability among children in the age group 0-4 years is 1680 per 1,00,000
The incidence of disability among children in the age group 5-12 years is 1964 per 1,00,000

Mobility India, ADD India and CBR Network have established their firsts in terms of community rehabilitation, empowerment of the differently abled personnel. APD a group working in Srinivaspur Taluk, Kolar District has the distinct achievement in disability prevention with 100 % immunization coverage while supporting the health care system in the taluk. These experiences and experiments need to be recorded and widely disseminated in the state.

The most significant factors causing disability are:

1. **Communicable diseases**
2. **Infection in early childhood**
3. **Lack of immunisation to children**
4. **Early motherhood**
5. **Nutritional deficiencies**
6. **Insufficient or inaccessible health care services**
7. **Inadequate sanitation**
8. **Consanguineous marriages**

1994 goals	1994 OBJECTIVES	Present state situation
Elimination of poliomyelitis in 10 districts by 1995 and eradication by 2000AD	**<u>1995</u>** **100% coverage of OPV-3 throughout the state** **Polio free status in 10 districts** **<u>1997</u>** **Sustenance of OPV-3 coverage levels** **Polio free status in 15 districts** **<u>2000</u>** **Sustenance of OPV-3 coverage levels** **Polio free status throughout the state**	**Discussed in Child Health** *Elimination of poliomyelitis in all districts by 2005 (National Health Policy)…**cases are still being reported***
Control of Vit A deficiency and its consequences including blindness	**<u>1995</u>** **Reduce the prevalence of Bitot spots to less than 2%** **<u>1997</u>** **Reduce the prevalence of Bitot spots to less than 1%** **<u>2000</u>** **Elimination of Vit A deficiency**	**Discussed in nutrition** *83% children administered Vit A first dose and 27% second dose(92-93) This percentage has fallen to 48.4 in 1998-99.**Reasons?***

Control of iodine deficiency disorders	**1995** **Iodised salt in endemic areas** **1997** **Universal Consumption of iodised salt** **2000** **Control of Iodine Deficiency disorders**	**Discussed in nutrition**
Reduction of other preventable childhood disabilities		**Discussed in nutrition, child health**
Early detection and Community Based rehabilitation for children under 5 years		**CBR practiced in negligible percentage** **No field staff in the department of disabled welfare** So which department can be made responsible for early detection.? The AWW or ANM can collect this sort of information and document in their MPR-Monthly Progress Report
Integration of children with mild or moderate disabilities into mainstream of formal education	**1995** **Special focus on enrolment of girls/socially disadvantaged groups.** **1997-2000** **Continued focus on enrolment and retention of girls, disabled and socially disadvantaged children**	**Though there has been some progress in the case of girls and socially disadvantaged groups, the section of people with disability has not received adequate attention** Are teachers equipped to handle integration? (Charting of Teacher Training programmes should be worked out, inclusion in B.Ed , M.Ed)

SPAC Goals

* **To implement legislative and administrative policies that protect all children from injury and disability causing life events.**
* **To undertake all measures to ensure that children with disabilities are encouraged to be integrated into the mainstream society and actively participate in all walks of life by providing a barrier free and supportive physical, educational and social environment.**
* **To provide for their education, training, health care, rehabilitation, and recreation in a manner that will contribute to their overall growth and development.**
* **Elimination of poliomyelitis in the state by 2010**

Objectives :

SPAC OBJECTIVES	Questions
1. Reduce child injuries due to accidents or other causes through the development and implementation of appropriate preventive and protective measures. 2. Ensure effective access by children with disabilities and children with special needs to integrated services, including rehabilitation, health care and education. 3. Promote family-based care and appropriate support systems for parents, families, legal guardians and caregivers of these children. 4. Provide specialised care to children suffering from mental illnesses or psychological disorders. 5. Focus programmes and activities for special groups like street children, slum children etc with disability. 6. To launch Disability Prevention Programmes and Early Detection & Intervention Programmes so as to ensure that the families with disabled children receive adequate support and assistance in bringing up their children. 7. To address the issue of child labour and all forms of abuse, exploitation and violence as an important component and cause of disability in children.	**What modalities can be worked out to prevent injuries?** **Any govt. provisions for awareness programmes, emergency care services or integrating such information into the already existing programmes(ICDS, UEE, other community based and local progs)** **Focused and strict implementation of legislations...why not enforced?** **Awareness Programmes?** **A systematic process needs to be followed for the rehabilitation and care of children with disability** ➢ **Awareness about services** ➢ **Utilisation of Services** ➢ **System of identification** ➢ **System of referral** **What about the group who have no support system like street children....how is intervention going to be possible for this group?** ***They are the most exploited and abused lot!*** → **Maintenance of safety standards in schools, public places, homes. Government sets standards which must be stringently followed** → **Elimination of child labour is an important component of this objective** → **Protection of children from all forms of abuse , exploitation and violence is also necessary for this**

Strategies :

1. Identification, enumeration, and documentation at the state, divisional and district levels of the persons with disability
2. To ensure 100% coverage of OPV-3 throughout the state
3. To set and maintain safety standards by the Government in schools, public places, homes etc. with stringent action against violators.
4. To create barrier free environments in important public places/offices ad places of recreation through government and community cooperation.
5. To provide medical care at an early stage so as to reduce the degree of intensity of disability.
6. To develop standardised systems of identification and referral
7. To integrate awareness regarding disability into the already existing programmes (ICDS, UEE, other community based and local programmes) and create a provision for emergency care services by these personnel.
8. To provide special education to the children with special needs (speech, visual and hearing impaired and mentally retarded.
9. To train teachers in special education.
10. To provide scholarships to children with physical disability from standard one to university.
11. To provide incentive awards to merited students with disability. Offer incentives such as books (other than academic), uniforms, stipend, prizes, mid day meals of quality and ensure that all this reaches the intended target group. Possibilities also exist of offering non material incentives like opportunities to participate in discussions, competitions, social development activities, vocational training etc
12. To provide vocational training to persons with disability.
13. To provide services for prevention and early detection, medical intervention and surgical correction, fitment of artificial aids and appliances, therapeutic services such as physiotherapy, occupational and speech therapy
14. To provide apprenticeship opportunity for acquisition of skills through vocational training, job placement in local industries and offices.
15. To provide identity cards to persons with disability so as to have immediate access to government basic services.
16. To actively involve families and communities in providing services like education, training and economic rehabilitation to the persons with disabilities.
17. To provide financial assistance for conducting surgeries for disability.
18. To integrate children with disabilities in the general education system and to eliminate disparities and equalise educational opportunities so as to enable them to become equally contributing members of the society.
19. To train health and education personnel in CBR and Inclusive education on a regular basis.

9. School Health Services:

Situational Analysis

- School age children account for about 25% of the population. (The Karnataka State Integrated Health Policy 2002 Draft)
- The school health programme will help attain their full potential in physical, psychological, emotional and intellectual growth and development. The two-fold purpose is improvement of health and health promotion.
- Health Education is `a process which affects change in the practices of people and in the knolw4dge and attitudes related to such changes' Health Education Monographs, 21, New York 1966 (Task Force Report)

State Goal

1994 SPAC	Status	State Goals	2005	2007	2010
		Universalisation of health programmes and follow up in every school by 2007			

Objectives:

1994 Objectives	State's status	State Objectives
		1. Achieve 100% health checkup and referral services in every school
		2. Achieve 100% sanitation and drinking water supply in every school
		3. Schools will be seen as community institutions and will be centers from where out of school children will also be treated.
		4. Make all schools barrier free as an integral part of education, health and disability development programmers.

Strategies:

1. Conducting medical check-up of school students, immunise school children with booster doses of DT and TT, provide treatment for minor ailments and specialist care by referral services
- Linking every school to the nearest PHC or other medical centers.
- Bringing in private practitioners for health monitoring and check up wherever necessary.
- Involving NGOs and allied groups to take up health monitoring activities in schools including referral services.

2. Create awareness through health education on sanitation, drinking water and use of latrines.
- Realise Child-to-Child Health programmes with the participation of NGOs.

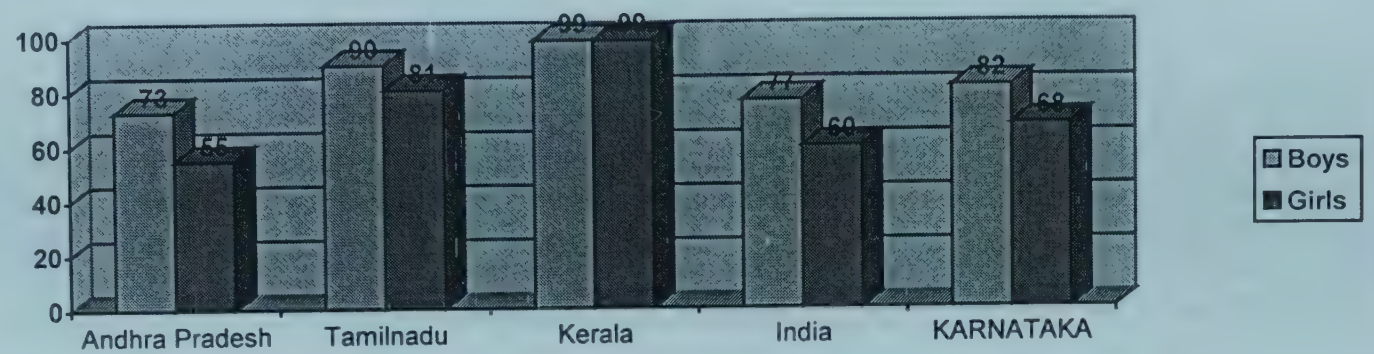
3. Monitor growth (height and weight) of the children in every school with **cross-reference** to earlier years.
- Provide cooked mid-day meal with community and Panchayath participation.
- Record the growth of the children and monitor the same with the help of ANMs/PHC/Medical centers.
- Training of over 3.15 lakh teachers in the 58,000 schools through training of trainers; school curriculum review of health related topics, health promotion using activity based learning principles a focus on life skill education to prepare children for life; ensuring universal coverage with good quality school health services including follow up treatment

Section II

PROVIDING QUALITY EDUCATION

II. PROVIDING QUALITY EDUCATION

The role of education in the national development and in individual and social well-being has been well recognised. Its importance in capacity building and in improving the quality of life has generated a demand by planners throughout the world for high priority to education, larger public sector allocations, and the strengthening of elementary education. It is in recognition of the vital role of elementary education that the Constitution of India directed the state to provide free and compulsory education to all children. The Supreme Court has since ruled that the state has to provide free education to every child up to 14 years. The Lok Sabha passed the Constitutional Amendment Bill in 2001, which made the right to education a fundamental right.



Characteristics	% Currently attending
Age of the child	
5-9yrs	87.0
10-14yrs	73.8
6-10 yrs	88.3
11-13yrs	72.7
6-13 yrs	82.5
Sex of the child	
Male	82.9
Female	77.8
Place of residence	
Urban	86.8
Rural	77.4

Constitutional background- Right to Education

a. The State recognises the right to elementary education of all the children. Education at the elementary level shall be provided free of cost and the special incentives should be provided free of cost and special incentives should be provided to ensure that children from disadvantaged social groups are enrolled, retained and participate in schooling.
b. At the secondary level, the State shall provide access to education for all and provide supportive facilities from the disadvantaged groups.
c. The State shall in partnership with community ensure that all the educational institutions function efficiently and are able to reach universal enrolment, universal retention, universal participation and universal achievement.
d. The State and community recognises the right of all children to education in their mother tongue.
e. The State shall ensure that education is child-oriented and meaningful. It shall also take appropriate measures to ensure that the education is sensitive to the rights of the girl child and to children of various cultural backgrounds.

f. The State shall ensure that school discipline and matters related thereto do not result in physical, mental, psychological harm or trauma to the child.

g. The State shall formulate special programmes to spot, identify, encourage and assist the gifted children for their development in the field of their excellence.

Major Goal

UNGASS GOALS	National goals
1. Expand and improve comprehensive early childhood care and education, for girls and boys, especially for the most vulnerable and disadvantaged children (UN 39 (a))	1. Make school education up to the age of 14 free and compulsory, and reduce dropout at primary and secondary school levels to below 20% for both boys and girls.
2. Reduce the number of primary school-age children who are out of school by 50 per cent and increase net primary school enrolment or participation in alternative, good quality primary education programmes to at least 90 per cent by 2010 (UN 39 (b))	2. All children in school by 2003 and all children to complete 5 years of schooling by 2007 (10th Five year Plan (2002-07), Planning Commission)
3. Eliminate gender disparities in primary and secondary education by 2005; and achieve gender equality in education by 2015, with a focus on ensuring girls full and equal access to and achievement in basic education of good quality (UN 39 (c))	3. All children in school, education guarantee centre, Alternate School, Back to School Camp by 2003(SSA). 4. All children complete five years of primary schooling by 2007(SSA).
4. Improve all aspects of the quality of education so that children and young people achieve recognized and measurable learning outcomes especially in numeracy, literacy and essential life skills (UN 39 (d))	5. All children complete 8 years of elementary schooling by 2010(SSA). 6. Focus on elementary education of satisfactory quality with emphasis on education for life. (SSA)
5. Ensure that the learning needs of all young people are met through access to appropriate learning and life skills programmes (UN 39 (e))	7. Bridge all gender and social category gaps at primary stage by 2007 and at elementary education level by 2010. (SSA) 8. Universal retention by 2010. (SSA)

STATE SITUATIONAL ANALYSIS

Department of Women & Child Development / Education	**Issues and questions Information to pursue**
Attainments in literacy in Karnataka are still average, notwithstanding the significant improvements in the last few decades. The situation in rural areas, especially in the case of female literacy is a great cause of concern.	
Enrolment and Retention: ➢ The Gross Enrolment Ratio in the primary age group is 92.1% with the female Enrolment ratio being 88.0% and non-enrolled constituting 7.9%. ➢ The proportion of Non-enrolled children which is almost 7,65,000 in the state have not been enrolled even into any NFE programme. (NAFRE 2001pp 46) ➢ 10,53,744 children in the age group of 6-14 years are out of school. (Makkala Samikshe 2001) ➢ The total numbers of students enrolled in these schools were 85.82 lakhs (up to STD VII). ➢ The overall enrolment rate of students from classes I to VII is showing a marginal decrease from 86.59 lakhs to 85.8 lakhs. But on the brighter side, overall dropout rates are consistently showing a declining trend from 11.18% to 7.52%. ➢ But the dropout rate at the upper primary level is high at 33% and the dropout rate of girl children is still high at the secondary levels. ➢ The survival rate of class I children reaching class 8 is only 48%. A good indicator of the retention in schools is the attendance rates in rural and urban areas…in Karnataka we see it is 75,000 children in the 6-10 age group. ➢ "Chinnara Angala" programme to bring back 1.25 lakh out of school children in 2002-03 met with fair success and 92,382 children joined school. ➢ 3.44 lakh girl students were provided with free uniforms during 2001-02 to reduce dropout rate.	
Universalisation: **Access:** • 98% of the population have accessibility to LP schools within 1km of their habitations, while 96% have accessibility within 3km to HP schools. • In 2001-02, the total number of elementary schools was 50,424 and the number of teachers was 2.35 lakhs. • ***Expansion*** of primary and secondary schools are showing a positive trend but even here we see regional variations. 8,965 classrooms were completed in government schools over the state in 2001-02. Over 86,000 teachers have been recruited since 1995. ***Facilities:*** • 100% schools give progress cards and answer scripts to the parents. • Only 10% schools have been evaluated for the quality of education they provide and the SDMC meets only 5 times a year on the average. • The proportion of LP schools with no instructional rooms is 17.07% and UP is 13.25%.	Improvement in …. Construction of classrooms Construction of separate girls toilets Upgradation of LP schools Education of the disabled Qualitative improvement of Teachers Training programmes.

Participation: ***Gender disparity***: • The gap in percentage of boys and girls out of school is 0.4%. • The gap in pass percentage of class 10 girls and boys is 4.75%. • The number of schools with exclusive toilets for girls and boys is just 12812. ***Child And Community Participation:*** • Control of dropout rates and management of the education system by the community are key factors in the universalising of education. • The latter is a totally neglected truth and the no progress can be achieved otherwise. • The existing Student to school ratio is 274.4 for LP and 100.1 for UP and the Student to teacher ratio is 107.38 (LP) and 16.95(UP). This is very high and almost no participation from the students in the teaching – learning process. **Achievement:** All children must attain some predetermined levels of academic and extra curricular excellence when they complete the educational cycle. The present trend is encouraging but has a lot to achieve. Drop in the pupil teacher ratio, recruitment of trained teachers, provision of appropriate learning materials, evaluation and monitoring systems at local and district / state levels may be some ways to achieve the goal. **Role of Private Sector:** This is a gray area and statistics need to be collected to throw up a true picture of the education scenario in the state. **Public Expenditure in Education :** • The departmental expenditure on elementary education is 1758 crores as against a total education expenditure of 2886.65 crores. (2001-2002 Dept. medium term fiscal plan pp. 5) • Karnataka spends 3. 2 % of its SDP on education, 90% of this goes on salaries of teachers. • Elementary education gets 54.5% of this followed by secondary education 32.7%.The per capita expenditure on education in our state is Rs.493.9/-. (India First Periodic Report 2001 pp 254)	*Definition of free and compulsory....what does free education mean?*

Objectives

1994 goals	1994 OBJECTIVES	Present state situation 2003
Providing to every child in the age group of 6-14 years access to primary school education	**1995** **100% enrolment of children in the 6-7 age group in formal schools.** **1997** **100% enrolment of children in the age group 6-10 in formal /non-formal system.** **2000** **100% enrolment of children in the age group 6-13 in formal /non formal system**	Almost 11 lakh children out of school (Makkala Sameekshe 2001) 7.52 % drop out rate in classes I-V 33% in classes I-VII 765000 non enrolled children

Ensuring effective retention of children in primary education through participation of all children in teaching learning activities, and reducing drop out rates in classes 1-4 and 1- 8 by 80% of the existing level	**1995** **Special focus on enrolment of girls/socially disadvantaged groups.** **90% net enrolment of children in the 8-10 age group in formal/non formal system** **100% retention of children in class 1 & II with 80% attendance.** **Reduction in overall dropout rate by 50%** **1997** **75% net enrolment of children in the 7-13 age grouping formal/non formal system.** **Continued focus on enrolment and retention of girls, disabled and socially disadvantaged children** **100% retention of children in class 1 & IV with 80% attendance.** **Reduction in overall dropout rate by 75%** **2000** **Continued focus on enrolment and retention of girls, disabled and socially disadvantaged children** **Sustaining achievement of 100% enrolment with 100% completion of elementary education for every child.** **Reduction in overall dropout rate by 80%**	Karnataka has a female enrolment ratio of about 88.0% but retention rates are especially low for girls at the secondary level. There are also huge variations in the region wise statistics.

1994 goals	1994 OBJECTIVES	Present state situation
Emphasising quality of education and improving teaching learning activities for achievement of minimum levels of learning.	**1995** **Introduction of MLL in classes 1-4 in 3000 schools and NFE centers. Training of 35 teachers per block in MLL strategies** **1997** **Attainment of MLL in classes 1-4 in 3000 schools and NFE centers** **Introduction of MLL in classes 1-4 in all schools and NFE centers** **Retaining of 35 teachers per block handling MLL.** **Training of all teachers in classes 1-4 handling MLL.** **2000** **Attainment of MLL in classes 1-4 in all schools and NFE centers** **Continuous teacher training and orientation**	Teacher: student ratio =1:36 Statistics as to how many schools have implemented the Minimum Levels of Learning(MLL) programme are not available **Medium of instruction?** **Language education?** **Implementation of MLL- Statistics?**

1994 goals	1994 OBJECTIVES	Present state situation
Ensuring participation of girls in education in order to reduce gender disparities and making education an instrument of women's equality.	**1995** **Reduction in dropout by 50% of the existing level** **1997** **Reduction in dropout by 50% of the existing level**	Statistics as to how many schools have implemented the Minimum Levels of Learning(MLL) programme are not available

	2000 **Reduction in dropout by 50% of the existing level**	
Ensuring effective participation of children in 0-6 age group in early childhood care education (ECCE)	**1995** **Increase coverage to 40% children between 0-6 years** **1997** **Increase coverage to 50% children between 0-6 years** **2000** **Plan towards national target of covering 70% children between 0-6 years**	18.23% children are covered by the ICDS scheme on a national basis. In Karnataka, there are 39,878 Anganawadi centers providing services with 2,476,278 beneficiaries of the Supplementary Nutrition programme and 1,285,812 beneficiaries of the Pre school Education Programme. **ICDS intervention to be given importance, well planned Education an awareness component to be emphasized**

1994 goals	1994 OBJECTIVES	Present state situation
Providing opportunities for literacy, continuing and life long education with focus on rural women in the 15 – 35 age group.	**1995** **75% literacy in 15-35 age group were TLC's are being launched** **1997** **75% of female literacy in 15-35 age group in districts where TLC's have been launched** **2000** **75-80% total literacy in the state.**	*State programmes/statistics?*
Ensuring effective people's involvement in education management.	**1995** **Ensuring formation and active participation of VEC's and LEC's throughout the state** **1997** **Involvement of the Gram Sabha in the achievement of UEE** **2000** **Involvement of local level gram Panchayath, yuvak yuvathi mandals and others in UEE programme.**	VEC's and LEC's formed to monitor education in rural and urban areas respectively. Presently SDMC is working at this level. This body meets only 5 times a year on the average Community involvement, involvement of he local bodies in the management is negligible. **SDMC is a local level body....any monitoring for its working?**

SPAC goals	Questions	SPAC OBJECTIVES
• Make school education up to age of 14 free and compulsory, and reduce drop out at primary and secondary school levels to below 20 percent for both boys and girls (National Population Policy) • All children in school, Education Guarantee Center, Alternate School, Back to School' camp by 2003 (Sarva Shiksha Abhiyan). All children complete five years of primary schooling by 2007 (Sarva Shiksha Abhiyan) • All children complete eight years of elementary schooling by 2010 (Sarva Shiksha Abhiyan) • Focus on elementary education of satisfactory quality with emphasis on education for life (Sarva Shiksha Abhiyan)	***Almost 11 lakh children out of school (Makkala Sameekshe 2001)*** ***7.52 % drop out rate*** ***33% at UP level*** ***765000 non enrolled children*** ***5,06,481 boys and 5,47,263 girls are still out of school. (Makkala Sameekshe 2001)*** **Dropout rates to below 20%?** **Present rate = ??** **Universalisation to address all related issues like access, enrolment, participation and achievement in a holistic manner** **Mechanisms to measure quality should be worked out regionally/ locally** **Measurement of quality?** **Indicators to be worked out on a regional basis rather than broad generalisations**	• Develop and implement special strategies to ensure that schooling is readily accessible to all children and adolescents, and that basic education is affordable for all children. (UN 40 (1)) • Promote innovative programmes that encourage schools and communities to search more actively for children who have dropped out or are excluded from school and from learning, especially girls and working children, children with special needs and children with disabilities, and help them enroll, attend, and successfully complete their education, involving governments as well as families, communities and non-governmental organisations as partners in the educational process. Special measures should be put in place to prevent and reduce drop out due to, inter alia, entry into employment. (UN 40 (2)) • Ensure that all basic education programmes are accessible (UN 40 (4)) • Ensure that indigenous children and children belonging to minorities have access to quality education (UN 40 (5)) • Develop and implement special strategies for improving the quality of education and meeting the learning needs of all (UN 40 (6)) • To ensure all children between 6-14 years of age complete at least 8 years of quality, relevant free and compulsory elementary education by 2007 (Karnataka State Policy on Education, 2002) • Every teacher should be in school (Karnataka State Policy on Education I 2002) • Community is actively involved in the betterment of the school so that the primary education becomes a mass movement (Karnataka State Policy on Education, 2002) • Bridge the divide between formal and non-formal education, taking into account the need to ensure good quality of the educational services, including the competence of providers, and acknowledging that non-formal education and alternative approaches, provide beneficial experiences. In addition, develop complementarities between the two delivery systems (UN 40 (3)) • Ensure that education programmes and materials fully reflect the promotion and protection of human rights and the values of peace, tolerance and gender equality, using every opportunity presented by the International Decade for a Culture of Peace and Non-Violence for the Children of the World (2001-2010), (UN 40 (7)) • Promote innovative programmes to provide incentives to low-income families with school-age children to increase the enrolment and attendance of girls and boys and to ensure that they are not obliged to work in a way that interferes with their schooling. (UN 40 (12)) • Enhance the status, morale, training and professionalism of teachers including early childhood educators, ensuring appropriate remuneration for their work, and opportunities and incentives for their development. (UN, 40 (14))

• Bridge all gender and social category gaps at primary stage by 2007 and at elementary education level by 2010 (Sarva Shiksha Abhiyan)	**The gross dropout rate for boys is 59.82% and for girls is 65.35%(classes 1-7). Number of boys enrolled in school is 47,13,600 while the number of girls is 42,04,810 (6-14 age group).This a gap of more than 5 lakh girls** **3.44 lakh girl students were provided with free uniforms during 2001-02 to reduce female dropout rate** **Positive discrimination measures are successful or not?**	• Develop responsive, participatory and accountable systems of educational governance and management at the school, community and national levels (UN 40 (15)) • Meet the specific learning needs of children affected by crises, by ensuring that education is provided during and after crises, and conduct education programmes to promote a culture of peace in ways that help to prevent violence and conflict and promote the rehabilitation of victims. (UN, 40 (16)) • Provide accessible recreational and sports opportunities and facilities at schools and in communities. [UN 40 (17)] • Harness the rapidly evolving information and communication technologies to support education at an affordable cost, including open and distance education, while reducing inequality in access and quality. (UN, 40(18)) • To actively involve the Community in the betterment of their school so that primary education becomes a mass movement • Address the issue of enrolment, retention and drop out through programmes implemented at the school and village levels. Identify causes, regional issues and work out solutions to be implemented by the community itself. • Implement policies that address the Child Labour issue and focus on rehabilitation through education. • Implement programmes that focus on the girl child and issues that are particular to her gender in relation to school attendance and dropout. • Meet the specific learning needs of special groups of children including those with disability and gifted children with specific and innovative programmes.

Strategies

1. Operationalise the strategy of UPE through district-specific planning, with emphasis on decentralised management, participatory processes, empowerment and capacity building at all levels.
2. Improve physical resources available in the primary schools of the state.
3. Bring back the children who drop out, especially girls, child labourers, rag pickers and other children who have either dropped out of school or have been absent from classes for a long time in the age group 6-11 years.
4. Provide free education, which includes free uniforms, school bags, high quality textbooks, and transport to and from school to children in government schools.
5. Promote education among SC/ST children and bring down drop out rates in standards five to seven. (5 to 7).
6. Provide facilities like drinking water and separate toilets for boys and girls in government and aided schools.
7. Take up construction of instructional rooms in all schools that have two or less rooms.
8. Provide education for children in the age group of 6-14 years, who are either dropouts or don't go to school after training them in summer camp, so that they can be brought in the mainstream of education.
9. Provide more educational opportunities for children from slums who are deprived of schooling facilities.

10. Involve community and to create a sense of ownership and responsibility towards schools. Involve private companies, corporate entities and individuals in adopting and improving facilities like infrastructure and quality of teaching by providing basic necessities in Government Schools.
11. Enable the students to gain computer education and to understand its application through the existent Mahiti Sindhu Programme
12. Enhance the learning level of the students in curricular subjects -through computer aided education
13. Provide financial assistance to SC/ST students studying at post matriculation or post secondary stage to enable them to complete their education.
14. Provide Incentive Scholarships for High School Going SC/ST Girls
15. Award scholarship to the school going children of poor SC/ST parents whose income is below double the poverty line.
16. Provide merit scholarships to SC Pre-Metric students of 5 to 10 standards.
17. Provide Pre-metric scholarship to the children of those parents engaged in occupations like flaying, tanning, scavenging etc.
18. Train SC Girls in TCH Training
19. Establish residential schools for Scheduled Tribes in an environment conducive to learning near their habitations

2. Adult Education

Major Goal:	National Goal
Achieve a 50 per cent improvement in levels of adult literacy by 2015, especially for women (UN 39 (f)	Increase literacy rate to 75% within Plan period (10th Five Year plan (2002-07) Planning Commission)

State Situational Analysis

Adult Literacy rate in Karnataka

2001 Census	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
All fig. in %	86.85	74.87	81.05	70.63	48.50	59.68	76.29	57.45	67.04

- Need to define literacy
- While Bangalore district records highest literacy rate (83.91%) Dakshina Kannada follow with 83.47 %
- Raichur records 49.54%, which is the least much below to the state average.
- Female literacy everywhere is an issue of concern.

State Goal

1994 SPAC Goals	Status	State Goals	2005	2007	2010
	67.04 %	Increase literacy rate to 80% by 2007 and to 85% by 2010	80 %	85 %	

Objectives:

1994 Objectives	State's status	State Objectives
		To provide meaningful opportunity for lifelong learning to adults and focus on eradication of residual literacy (National Literacy Mission).

Strategies

1. Reinforce, strengthen and augment the literacy and other skills gained by the neo-literates through the non-formal, informal and literacy programmes
2. Enhance self-image and self-confidence of women and thereby enabling them to recognise their contribution to the economy as producers and workers, reinforcing their need for participating in educational programmes
3. Create an environment where women can seek knowledge and information and thereby empower them to play a positive role in their own development and development of society
4. Establish a decentralised and participative mode of management, with the decision-making powers developed to the district level and to Mahila Sangha, which in turn will provide the necessary conditions for effective participation.

5. Enable Mahila Sangha to actively assist and monitor educational activities in the villages, including the primary school, Alternate Education, Non-Formal Education Centers and facilities for continuing education
6. Provide women and adolescent girls with the necessary support structure in formal/informal learning environment to create opportunities for women
7. Set in motion circumstances for larger participation of women and girls in formal and non-formal education programmes, and to create an environment in which education cans serve the objectives of women's equity.
8. Create a Shiksha Mission in the State of Karnataka.
9. Activate the existing Strishakthi groups and other SHG activities.
10. Utilise the services of the Rajiv Gandhi Youth clubs in rural areas.
11. To start hostels for adolescent girls in near by towns and facilitate in continuing education.
12. Launch more programmes for the participation of non-governmental sector to take the responsibility of spreading literacy.

Section III

PROTECTING AGAINST ABUSE, EXPLOITATION AND VIOLENCE

III. PROTECTING AGAINST ABUSE, EXPLOITATION AND VIOLENCE

1. Abuse Neglect Exploitation and Violence

Preamble :

National Policy Commitment GOI National Policy for Children Draft of June 2001

Children's rights – economic, social, cultural and civil, are fundamental human rights and must be protected through combined action of the state, civil society, communities and families in their obligations in fulfilling children's rights.

Right to Protection

a. All children have a right to be protected against neglect, maltreatment, injury, trafficking, sexual and physical abuse of all kinds, corporal punishment, torture, exploitation, violence and degrading treatment.
b. The State shall take legal action against those committing such violations against children even if they be legal guardians of such children.
c. The State shall in partnership with community set up mechanisms for identification, reporting, referral, investigation and follow-up of such acts, while respecting the dignity and privacy of the child.
d. The State and community shall take strict measures to ensure that children are not used in the conduct of any illegal activity, namely, trafficking of narcotic drugs and psychotropic substances, begging, prostitution, pornography or armed conflicts. The State in partnership with community shall ensure that such children are rescued and immediately placed under appropriate care and protection.
e. The State and community shall ensure protection of children in distress for their welfare and all round development.
f. The State and community shall ensure protection of children during the occurrence of natural calamities in their best interest.

Goal

Major Goal:	**National Goal**
Protect children from all forms of abuse, neglect, exploitation and violence [UN 43 (a)]	

State Situational Analysis

Following departments have either programmes or obligations towards the protection of the children.

Department of labour	Department of Education	Department of Health	Social welfare department
Department of Police	Department of Women and Child Development	Department of Panchayath Raj Institutions	Information and publicity

Some issues for detailing

1. Divisional and district level statistics with respect to children in need of care and protection (JJ Definition?) Need for a refined mechanism to give wide publicity to the JJ Rules
2. State policy on children in need of care and protection and children in difficult circumstances – with age specifics and clear-cut definition on children in difficult situation and children who need care and protection. This to include vulnerability of children on account of their social, cultural, environmental, geographical and political environment. Status of children due to homelessness, refugee, children affected by natural calamities and man made disasters, children affected by displacement due to development projects, the disabled children in the definition of vulnerable children should be clear.
3. State to bring in a comprehensive rescue, rehabilitation and repatriation policy on child trafficking, which includes meaningful co management. (several cases can be quoted particularly in case of children trafficked for prostitution, children brought from other states for labour and intra and inter state children trafficking for labour and prostitution)
4. Comprehensive review of the non-institutional care, including adoption and foster care – monitoring of in country and inter country adoption, role of VCA, scrutiny, licensing of institutions for adoption processes.
5. Status of children working as domestic help – numbers, incidence of violence, sexual harassment, rape, suicides, murders, false charges of theft, etc.
6. We can take child/ contract / Gurjari Marriages and children offered under devadasi system under this section.

- Children belonging to minority communities and SC/ST are the most exploited in all sectors of labour and are also easy victims for sexual exploitation. There is a need to address this issue separately in the SPAC.
- While designing programmes for children in distress, mental health issues to be included under the objectives on protection and need for psychiatric help and counseling by trained personnel. (Help from NIMHANS)
- The role of private institutions, NGOs and religious institutions in restoring of the child rights is appreciable. However, there is a need to institutionalise the registration of children who are brought into special schools, ashram schools, camp schools (including NCLP, SCLP and such other schools) to avoid duplication, monitoring of the developments, movements and rehabilitation.
- Applying standards for conducting child labour special / residential / short stay camps and residential programmes for children – orphans, child labourers, trafficked children and with special emphasis on girl children, whether the institutions receive state grants or not.

State Goal

1994 SPAC Goals	Status	State goals	2005	2007	2010
		Protect children from all forms of abuse, neglect, exploitation and violence by evolving an integrated child protection policy and ensure all children would have a childhood.			

Objectives:

1994 Objectives	State's status	State Objectives
Addressing the problem of drug addiction among children		Develop and implement policies and programmes for children, including adolescents, aimed at preventing the use of narcotic drugs, psychotropic substances and inhalants, except for medical purposes, and at reducing the adverse consequences of their abuse as well as support preventive policies and programmes, especially against tobacco and alcohol (UN 37 (20))
	Sale of products : **- tobacco based** **- sprit based** -	Urge the continued development and implementation of programmes for children, including adolescents, especially in schools, to prevent/discourage the use of tobacco and alcohol; detect, counter and prevent trafficking, and the use of narcotic drugs and psychotropic substances except for medical purposes, by, inter alia, promoting mass media information campaigns on their harmful effects as well as the risk of addiction and taking necessary actions to deal with the root causes. [UN, 40 (11)]
	No. of incidents of children being rescued in cases of drug trafficking?	Promote comprehensive programmes to counter the use of children, including adolescents, in the production and trafficking of narcotic drugs and psychotropic substances [UN 44 (15)]
	No. of trained personnel in Govt. run institutions and Pvt. Institutions.	Make appropriate treatment and rehabilitation accessible for children, including adolescents, dependent on narcotic drugs, psychotropic substances inhalants and alcohol [UN 44 (16)]
		Adopt and enforce laws, and improve the implementation of policies and programmes to protect children from all forms of violence, neglect, abuse and exploitation, whether at home, in school or other institutions, in the workplace, or in the community [UN 44 (2)].

		Adopt special measures to eliminate discrimination against children on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status and ensure their equal access to education, health and basic social services [UN 44 (3)]
	No. of cases registered and fine collected/punishment awarded	End impunity for all crimes against children by bringing perpetrators to justice and publicizing the penalties for such crimes [UN 44 (4)]
	Any such publications or propaganda from the Dept. of information and publicity.	Raise awareness about the illegality and harmful consequences of failing to protect children from violence, abuse and exploitation. [UN 44 (6)]
.	**Existence/under study of a comprehensive prevention, rescue, rehab, reintegration/repatriation policy.**	Promote the establishment of prevention, support and caring services as well as justice systems specifically applicable to children, taking into account the principles of restorative justice and fully safeguard children's rights and provide specially trained staff that promotes children's reintegration in society. [UN 44 (7)]
Preventing Juvenile Delinquency through community based services.	**De-licensing/canceling licenses for running Playwin lottery like shops near schools and hostels? Strict measures on browsing centers to control the porno sites.**	Encourage measures to protect children from violent or harmful web sites, computer programmes and games that negatively influence the psychological development of children, taking into account the responsibilities of the family, parents, legal guardians and caregivers. [UN 44 (19)]
Ensuring strict implementation of JJ act	**Publicity and education on JJ act and rules Review of the Makkala Sahaya Vani and Child Help Line and its role.**	Operationalising JJ Act2000 to provide proper care, protection and treatment for ultimate rehabilitation of children in need of care and protection.

Developing and strengthening non-institutional services for orphans and destitute and resorting to institutional services only as the last option.	**No. of cases filed against illegal adoptions and de-licensing of institutions involved in such acts.**	Protect children from adoption and foster care practices that are illegal exploitative or that are not in their best interest [UN 44 (12)]
	Role of VCA and scrutiny	Provide a sound basis for adoption within the framework of the norms and principles laid down by the Supreme Court of India [Guidelines for Adoption of India Children (1995)]
	Cases registered against kidnappers and the punishment awarded	Address cases of international/national (referring to intra and inter state) kidnapping of children by blood relatives for the purpose of trafficking or any other form of exploitation.

Strategies

I. Primary activities to be taken while developing strategies with special reference to Karnataka.

1) Collect and analyse statistics at the Divisional and district level with respect to children in need of care and protection which will help in realistic approach in administration of JJ Act.
2) State to articulate a policy on children in need of care and protection and children in difficult circumstances – with age specifics and clear-cut definition on children in difficult situation and children who need care and protection. This to include vulnerability of children on account of their social, cultural, environmental, geographical and political environment. Status of children due to homelessness, refugee, children affected by natural calamities and man made disasters, children affected by displacement due to development projects, the disabled children in the definition of vulnerable children should be clear.
3) State to bring in a comprehensive rescue, rehabilitation and repatriation policy on child trafficking, which includes meaningful co-management. (several cases can be quoted particularly in case of children trafficked for prostitution, children brought from other states for labour and intra and inter state children trafficking for labour and prostitution)

4) State to take up comprehensive review of the non-institutional care, including adoption and foster care – monitoring of in-country and inter-country adoption, role of VCA, scrutiny, licensing of institutions for adoption processes.
5) Government to ban exploitation of children working as domestic help and constitute task force to monitor and register cases against the erring employers of children. (Need to develop a realistic data on – numbers, incidence of violence, sexual harassment, rape, suicides, murders, false charges of theft, etc.)
6) Government to take stern action against those perpetuate child marriages, contract marriages and children offered under devadasi system.
7) State to take up wide publicity activities to create awareness about the provisions in the new JJ Act and the state Rules.

II.

1. Provide entire gamut of services viz. counseling and Awareness Centers; Treatment-cum-Rehabilitation Centers, De-addiction Camps, and Awareness Programmes etc. at regional level and providing services to all districts along with hospital care.
   - Creating a structure which ensures the protection of the rights of the child as ratified in the UN Convention on the Rights of the Child and the Juvenile Justice Act, 1986
   - Models developed by SATHI, Raichur; BOSCO, Bangalore and Freedom Foundation, Bangalore to be adopted.

2. Provide for full coverage of services envisaged under the Juvenile Justice (Care and protection of Children) Act, 2000 so as to ensure that no child under any circumstances is lodged in prison
   - Bringing about qualitative improvement in the juvenile justice services – comprehensive training to all the staff in the system with child rights components
3. Promote voluntary action for the prevention of juvenile social maladjustment and rehabilitation of socially maladjusted juveniles
   - Providing an opportunity to public to respond to the needs of children in difficult circumstances.
4. Develop infrastructure for an optimum use of community based welfare agencies.
5. Respond to children in emergency situations and refer them to relevant Governmental and Non-Governmental Organisations
   - Sensitising agencies such as the police, hospitals, municipal corporations and the railways towards the problems faced by the children on railway and bus stations, on the streets and children affected by man made or natural calamities.
6. Provide a platform for networking amongst organisations and to strengthen the support systems which facilitate the rehabilitation for children in especially difficult circumstances
7. Provide care and protection to children in crisis situation such as street children, children who have been abused, abandoned children, orphaned children, children in conflict with the law and children affected by conflict or disasters, etc.

- Promote **Non-institutional care.** Providing financial assistance to non-governmental organisations for maintaining destitute and orphan children with a view to rehabilitate them through in-country Adoptions.

8. Prevent destitution of children and facilitate their withdrawal from life on the streets by providing shelter, nutrition, health care, education, recreation facilities to the children and thereby protecting them against abuse and exploitation.
   - Providing financial assistance in the Field of Social Defence to Voluntary Coordinating Agencies (VCAs) involved in active promotion of In-country Adoptions and clearance of children for Inter-country Adoptions at the State level.
   - Establish Missing Children Bureau along with Child Lines established in all cities and towns in Karnataka for a speedy identification and repatriation of children.
   - Develop linkages with institutions – Govt. and non-government in the neighboring states to locate missing children.

9. Sensitising the medical community towards their role as examiners and certifying age extend of physical and sexual exploitation.

2. Sexual Exploitation and Trafficking

The number reported cases under the head child trafficking is almost misleading as most of the parents or caretakers hesitate / hide / withdraw from reporting to the police. To the most cases under kidnapping are registered.

Most victims of children trafficked are from rural areas. It is an urgent need for panchayath's to take up the monitoring of child trafficking incidents by forming community watch committees.

The state to develop a comprehensive definition of child trafficking to include child marriages, runaway cases, devadasi offering and missing children too (Karnataka context). Need to give wide publicity to cases traced, rescued and repatriated either by police or NGOs.

While child trafficking is the most heinous crime against children. This needs to be combated through child development, welfare, education, police and health department, coordinated efforts from all these departments is needed.

A comprehensive law with clear cut components on protection, prevention, rescue, repatriate, rehabilitation, integration and punishment to the traffickers law would address these issues ably. The CWC-Child Welfare Committee or such committee to handle cases with respect to child trafficking.

Situational Analysis

Incidents of child trafficking for begging, organ transplantation, pornography, prostitution, and pedophilia are increasing in the state.

There is a need for a systematic recording of cases of trafficking and follow up at various levels.

There is no comprehensive study on the incidents of child trafficking for various purposes. Lack of any literature on the situation on this issue with state specific information. Only a few NGOs are directly involved in the issue, but largely in rescue.

Police need to supplement information/statistics on the cases pertaining to child trafficking, cases filed against traffickers in different parts of Karnataka, their records about inter state traffickers and international trafficking networks.

The only NGO intervention visible is the activities of CACT-Campaign against Child Trafficking.

Child sex tourism is in existence in coastal parts of Karnataka. There is a need to discuss about this problem in larger forums to take appropriate actions.

Issues for consideration

- **Role of Panchayaths in monitoring child trafficking incidents.**
- **No. of cases reported to the police – runaways, missing, trafficked and**
- **the number of cases traced, rehabilitated and repatriation.**

Child Trafficking is

"...the procurement, recruitment, transportation, transfer, harbouring or receipt of persons up to the age of 18 years (legally or illegally) within or across borders, by means of threat or use of force or other forms of coersion, of abduction, of deception, of the abuse of power or of position of vulnerability or, of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, with the intention or knowledge that it is likely to cause or lead to exploitation"

– Adapted from the UN ODCCP definition by CACT

Major Goals:	National Goal
Protect Children from all forms of sexual exploitation including pedophilia; trafficking, and abduction (UN 43 c))	

Extracts from the State Plan of Action to Eliminate child Labour – Karnataka 2001

- Child prostitution is one of the *worst forms of child labour.* (Considering this as labour is questionable) While dealing with child labour it is felt necessary to include the issue of forced prostitution of children irrespective of gender also in the action plan. There fore the following action points are indicated to eradicate the child prostitution (the worst form of child labour)
- Most of the victims are girls betwe4en the age group of 10-14 years
- About 25 – 30% of prostitutes are estimated to be children.
- This problem is prevalent in and around tourist centers and l large cities as well as in the areas where the family based prostitution traditionally practiced by some caste and communities

State Goal.

1994 SPAC Goal	Status	State Goal	2005	2007	201
Eradication, prevention and rehabilitation of victims of Devadasi System through social mobilization and awareness programmes.		Eliminate child trafficking in all its forms and Protect children from all forms of child trafficking through child friendly policies, laws and action.			

Objectives:

1994 SPAC objectives	State Status	State Objectives
		Take concerted national and international actions as a matter of urgency to end the sale of children and their organs, sexual exploitation and abuse, including the use of children for pornography, prostitution and pedophilia, and to combat existing markets [UN 44 (40)]
		Raise awareness of the illegality and harmful consequences of sexual exploitation- and abuse, including through the Internet, and the trafficking of children [UN 44- (41)]
		Enlist the support of the private sector, including the tourism industry and the media, for a campaign against sexual exploitation and trafficking of children [UN 44 (42)]
		Identify and address the underlying causes and the root factors, including external factors, leading to sexual exploitation and trafficking of children and implement preventive strategies against sexual exploitation and trafficking of children. (UN 44 (43))
		Ensure the safety, protection, and security of victims of trafficking and sexual exploitation and provide' assistance and services to facilitate their recovery and social reintegration [UN 44 (44)].

		Take necessary action, at all levels, as appropriate, to criminalise and penalise effectively, in conformity with all relevant and applicable international instruments, all forms of, sexual exploitation and sexual abuse of children, including within the family or for commercial purposes, child prostitution, pedophilia, child pornography, child sex tourism, trafficking, the sale of children and their organs and engagement in forced child labour and any other form of exploitation, while ensuring that, in the treatment by the criminal justice system of children who are victims, the best interests of the child shall be a primary consideration. (UN 44 (45))
		Monitor and share information regionally and internationally on the cross border trafficking of children; strengthen the capacity of border and law enforcement officials to stop trafficking and provide or strengthen training for them to respect the dignity, human rights and fundamental freedoms of all those, particularly, women and children who are victims of trafficking (UN 44 (46))
		Take necessary measures, including through enhanced co-operation between governments, inter governmental organisations, the private sector and NGOs to combat the criminal use of information technologies, including the Internet, for purposes of the sale of children, for child prostitution, child pornography, child sex tourism, pedophilia and other forms of violence and abuse against children and adolescents. (UN 44 (47)).

Strategies

1. Implementation of plan of action to combat trafficking and commercial sexual exploitation
2. Systematising reporting mechanism, monitoring of child traffickers and incidents of child trafficking at village, taluk, district, state and inter state including inter national level.
3. Sensitise, educate and motivate people to take up actin against child trafficking through the use of mass media, SHGs, youth groups and school system.
4. Sensitise police system to register all cases of missing children and report the same to the state and national level network for tracking within 24 hours.
5. Provide assistance to women in difficult circumstances-destitute widows, women prisoners, women survivors of natural disaster, trafficked women/girls and mentally disordered women by providing for shelter, food, clothing, health care, counseling and social and economic rehabilitation.
6. Assist women who are victims of domestic violence, rape, sexual abuse and dowry harassment with temporary shelter, financial relief and training to be enable them to be self-reliant
7. Ban the practise of child marriages and devdasi system and bring in rehabilitating and empowering programmes for affected women.

Action Points suggested in the State Plan of Action on Child Labour

1. Statewide study on the issue – prevalence, extent and forms child prostitution.
2. Enforcement of laws by police (ITPA, IPC)
   - i. Strict implementation of ITP and IPC.
   - ii. Special police officers to be notified in areas where child prostitution is prevalent.
   - iii. Advisory Board with social workers and NGOs to be set up
   - iv. Special Cell may be set up at state level
   - v. Regular raids
   - vi. Police to exercise vigilance to check child trafficking
   - vii. Trainings and orientation to all concerned on child trafficking and prostitution
   - viii. Steering committee to review the enforcement of the laws and action plan.
3. Social action with massive awareness programmes at all levels
4. Education department to sensitise schoolteachers and enrolling rescued children to suitable education system.
5. Rehabilitation – Special schools and taking help from NGOs. A comprehensive package to be developed for the rehabilitation of the rescued children.
6. Economic support – Provision of technical and vocational long-term training, linking with SHGs and economic activities.

3. Combating Child Labour

National Policy Commitment:
Right to be protected from economic exploitation

a. The state shall provide protection to children from economic exploitation and from performing tasks that are hazardous to their well being – *physical, psychological and social life.*
b. The state shall ban of all forms of child labour.

Implement the directions given by the Karnataka High Court (1997) in principle to eliminate all form of child labour including rehabilitation measures with respect to children on the streets.

To be removed from the policy
b. The state shall ensure that there is appropriate regulation of conditions of work of a non hazardous nature and that the rights of the child are protected

State to take up evaluation of the NCLP and SCLP schools in various districts of the State and actions taken and the results of the action plan of the Karnataka Govt.

- No. of schools sanctioned in each district
- No. of schools actually conducted
- Funds release to these schools
- No. of children who were rescued by the various departments (mainly Labour, DWCD, Education, Welfare, Police and NGOs separately)
- Role of UNICEF supported child labour rehab. Programmes in the State.
- No. of cases filed against the employers and the amount of fine/compensation collected by the govt.
- Amount of money released by the various dist. Heads for the rehab. Of the rescued children
- No. of children who were main streamed - school enrolment, hostel accommodation. Follow up with the children who are rehabilitated with education programmes.
- Implementation of the SC and HC verdicts on child labour situation
- Implementation of the State Plan of Action to Eliminate Child Labour.

Major Goals:-	National Goal
Take immediate and effective measures to eliminate the worst forms of child labour as defined in International Labour Organisation Convention No. 182, and elaborate and implement' strategies for the elimination of child labour that is contrary to accepted international standards [UN 43 (d)]	Eliminate child labour from hazardous occupations by 2005 and progressively move towards complete elimination of child labour (Working paper on the 10th Plan)

State Goal
Child labour in any form (all forms of industries –bonded, rural and urban, house hold work, domestic, hotels, bakeries and others) is detrimental to child development and hence the state will eliminate the child labur system in all forms (by withdrawing the distinction of hazardous and non hazardous labour) by 2007.

1994 SPAC Goals	Status	State Goals	2005	2007	2010
Elimination of child labour in hazardous industries including home based industries for children up to 14 years	No. of child labourers in - Hazardous industries (rural and urban) - Non hazardous labour - House hold work - Domestic - Hotel - Others				
Regulation of child labour in the informal sector in non-hazardous activities and also part time employment in home based industries.	No. of child labourers in - Non hazardous labour - House hold work - Domestic - Hotel - Others (linking this information with the statistics provided by the education department, labour and women and child development)				
Improved protection, care and development of children in especially difficult circumstances	Children on streets / railway platforms (boys/girls) - Urban areas – - Rural areas - Children under the influence of drugs - Urban - Rural No. of children of women in prostitution - Urban - Women				

An action plan to eliminate child labour in Karnataka , GOK 2001
Objectives :

1. To prevent children below the age of 14 years from working for wages or for a living both in hazardous and non-hazardous activities
2. To take steps to identify and release every child below the age of 14 years, if found working
3. To take all measures to rehabilitate the released child labourers
4. To implement various development schemes, poverty alleviation programmes and self-employment schemes to benefit the families of child labourers.
5. To take up massive awareness generation programmes through community participation and to create a positive climate for elimination of child labourers.

Some issues and suggestions come from consultations.

- Where children in form/agriculture/animal husbandry/floriculture are recorded as ?
- Most of these processes are very much hazardous in terms of work conditions, working hours, the material they use for carrying on the profession.
- Inter state trafficking for child labour – fisheries, gold smithy, textiles, coffee, etc., to be addressed.
- Need to redefine the understanding on child labour – legally, economically, socially and culturally.
- Concerned area labour officer/BEO should be made liable for non prosecution of employers employing children

1994 SPAC	Present Situation	Objectives
	Children are working in both Hazardous and non-hazardous sectors.	Take immediate and effective measures to secure the prohibition and elimination of all forms of child labour including domestic child labour as a matter of urgency. Provide for the rehabilitation and social integration of children removed from child labour by ensuring access to free education and social integration.
		Elaborate and implement strategies to protect children from economic exploitation [UN 44 (35)]
		Take appropriate steps to assist one another in the elimination of the worst forms of child labour through enhanced international cooperation and/or assistance including support for social and economic development, poverty eradication programmes and universal education [UN 44 (34)]
	A study of the UN and other international bodies and their programmes in child labour elimination is a need for .	Promote international cooperation to assist developing countries upon request in addressing child labour and its root causes, inter alia, through social and economic policies aimed at poverty eradication, while stressing that labour standards should not be used for protectionist trade purposes [UN 44 (37)]
		Mainstream action relating to child labour into national poverty eradication and development efforts, especially in policies and programmes in the areas of health, education, employment and social protection [UN 44 (39)]
		Bring in effective coordination among all the departments concerned in child development.

Strategies:

1. Prevent children below the age of 14 years from working for wages or for living both in hazardous and non-hazardous activities.
- Implement the State Plan of Action to Eliminate Child Labour
- Providing elementary education for all children,
- Mass enrolment of children schools and retention of all children in school to complete at lest 8th standard (SSA).
- Departments of education, labour, women and child development, social welfare, police to work in coordination as a team.

2. Take steps to identify and release every child below the age of 14 years, if found working.
- Include NGOs and prominent members of the society also in the list of inspectors of child labour
- Take stringent action against erring officers and employers with strict penalty and publicity.

Child marriage is defined both as sex slavery and free labour.

3. Take all measures of rehabilitate the released child labour.
- Encourage NGOs in rehabilitation and ensure cooperation of various concerned departments.
- Train all possible personnel in the department of labour and other departments, who are appointed as special labour inspectors.
- Implement various development schemes, poverty alleviation programmes and self-employment schemes to benefit the families of child labour
- Continuous social mobilization and awareness generation using all forms of forums and media.
4. Take up massive awareness generation programmes though community participation and to create a positive climate for elimination of child labour.
- Addressing root causes of child labour Coordination and convergence of services
- Implement minimum wages act in all sectors.
5. Initiate and provide special schools for girl child labourers.
6. Include girl child labourers in domestic work, form/agricultural/animal husbandry into the gamut of girl child labour

4. Children in Especially Difficult Circumstances

National Policy Commitment

Rights of children from marginalized and disadvantaged communities

- The state and community shall respect the rights of children from all marginalized and disadvantaged c communities, to preserve their identity
- The state recognized that children from disadvantaged communities, especially from the Scheduled castes and tribes, are in need of special intervention and support in all matters pertaining to education, health, recreation and supportive service. It shall make adequate provision for providing such groups with special attention in all its policies and programmes.

Situation

- Children on the streets in cities, towns and even in sub urban and semi urban areas
- Children run around railway platforms (mobile children)
- Rescue and repatriation of highly mobile children.
- Chances of abuse and misuse of girl children on streets and railway platforms.
- Drug abuse and prone to STI and AIDS/HIV.
- Children of prisoners that too women prisoners (0-6 years who are in prisons by default)
- Effect of online lottery and other addiction of the parents on children
- Destitution due to voluntary abandonment of children by either of the parents.
- Definition and role of CWC-Child Welfare Committee to get expanded to address all the cases of children in difficult circumstances.

Major Goals:	National Goal
Improve the plight of millions of children who live under especially difficult circumstances [UN (43 (e)]	

State Goal ;

1994 SPAC	Status	State Goal ;	2005	2007	2010
		Address the issue of children in difficult circumstances in the state, improve their conditions and integrate them in the society.			

Objectives:

1994 SPAC	Karnataka Status	State objectives
		Adopt and implement policies for the prevention, protection, rehabilitation and reintegration, as appropriate, of children living in disadvantaged social situations and who are at risk, including orphans, abandoned children, children of migrant workers, children working and/or living on the street and children living in extreme poverty, and ensure their access to education, health, and social services as appropriate. (UN 44 (11))
		Establish mechanisms to provide special protection and assistance to children without primary caregivers [UN 44 (10))
		Ensure that children affected by natural disasters receive timely and effective humanitarian assistance [UN 44 (18))
		Provide protection and assistance to refugees and internally displaced persons, the majority of whom are women and children, in accordance with international law, including international humanitarian law. [UN 44 (17)]
		Ensure that children affected by natural disasters receive timely and effective humanitarian assistance through a commitment to improved contingency planning and emergency preparedness, and that they are given all possible assistance and protection to help them resume a normal life as soon as possible. [UN 44 (18)]

Strategies:

1. Prevent destitution of children and facilitate their withdrawal from life on the streets.
2. Provide for shelter, nutrition, health care, education, recreation facilities to street children and thereby protect them against abuse and exploitation
3. Institute a cell to monitor the situation of children at village to state level

Section IV

COMBATING HIV/AIDS

5. COMBATING HIV/AIDS

UNGASS GOAL	NATIONAL GOAL
• By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent and by 25 per cent globally by 2010, and to intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys (UN 46 (a)) • By 2005, reduce the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 201O, by: ensuring that 80 per cent of pregnant women accessing antenatal care have information, counseling and other HIV. prevention services available to them, increasing the availability of and by providing access for HIV-infected women and babies to effective treatment to reduce mother-to-child transmission of HIV, as well as through effective intervention for HIV-infected women, including voluntary and confidential counseling and testing, access to treatment, especially anti-retroviral therapy and, where appropriate, breast milk substitutes and the provision of a continuum of care(UN 46 (b)) • By 2003, develop and by 2005 implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS including by providing appropriate counseling and' psycho-social support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; to protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance(UN 46 . (c))	➢ Achieve Zero level growth of HIV/AIDS by 2007 (National Health Policy)

State Situational Analysis	Questions
➔ According to UNAID statistics, the number of children (0-14 years) living with HIV/AIDS in India , as of 2001 is 170,000.(pp 112) **The State of the World's Children 2003** ➔ Statistics in Karnataka are hard to come by and some superficial data is available currently. The first HIV+ case was detected in Karnataka in 1988 and since then the numbers have risen dramatically and it is estimated that there are 0.15 million cases now. ➔ Karnataka holds the dubious distinction of being 3rd in the country with 6 districts viz. Bangalore, Mangalore, *Udupi*, Dharwad, Bellary and Mandya contributing to 73.3% of the cases. ➔ The infection is no longer confined to the high-risk groups and is spreading rapidly to the general population with heterosexual transmission being the single largest mode of transmission. The vulnerable populations are women, children, adolescents, migrant workers, inmates of jails and hostels, commercial sex workers, alcohol and drug abusers, STI infected persons and generally the marginalized sections of society. ➔ The State AIDS cell was established in 1992. ➔ The National Aids Control Programme was launched in 1992, which saw the setting up of 10 zonal blood testing centers and modernisation of 52 govt. and private blood banks. Trainings for doctors, health workers, community and youth were conducted. (pp 91-93) **(Ref: Final Report of the Task Force on H&FW)**	

➔ Under the National AIDS Control Programme, the GOI has initiated a feasibility study to prevent mother to child transmission by AZT prophylaxis in 11 centers in 5 states. Karnataka is one of these and the centers support the pregnant mothers with counseling and education on this matter. They are also tested with informed consent and pre-test counseling. (pp 185) **(Ref: India First Report 2001)** ➔ When the first HIV+ case was detected in 1988, the sero-positive rate was 2.65 per thousand. It subsequently fell between 1 and 2 , but the figure of 1.64 in 1992 rose dramatically to 12.2 in 1996. ➔ The maximum number of HIV/AIDS are detected in Bangalore Urban is 1417 followed by Dakshina Kannada & Mandya. ➔ The greatest number of cases is in the age group 21-30years. ➔ Of the total number of HIV/AIDS cases in Karnataka, 2746 were males and 880 were females. (pp37) **(Ref: Human Development in Karnataka 1999)**	

The State Programme of Action for the Child of the GOK in 1995 failed to address HIV/AIDS in children as a major issue and therefore no separate goals were set and no objectives or strategies were worked out to combat this menace. Under the Specific goal 11:Children in Especially Difficult Circumstances, is mentioned as an objective. The major strategies mentioned under this without any time bound references is Consequently this document cannot really be used to measure the progress, if any, in this area. Moreover statistics and programmes are few and far between making the process even more ambiguous.
The NGO presence in this area is well worth taking note of and some statistics are available thanks to them.

VULNERABLE POPULATIONS:
Women-number infected is on the rise...1-2% in antenatal clinics tested positive.
Children
Adolescents
Migrant workers and others
Commercial sex workers

HIV high prevalence districts:

Bangalore Urban	Dharwad
Bellary	Dakshina Kannad
Belgaum	Gulbarga
Bijapur	Mysore
Chamarajnagar	Udupi

1994 Goals	1994 Objectives	1994 Strategies	Issues
No goal mentioned	Rehabilitation of AIDS orphans into mainstream society	1. To create awareness through NGO's and Govt. infrastructure 2. Start Counseling and Guidance Centers and access to Referral Centers.	The strategies have been implemented to a fair extent more by NGO's in the field and under the National AIDS Control Programme But no improvement in the situation is seen....in fact the condition is more disturbing at present.

SPAC Objectives	ISSUES TO ADDRESS
• **By 2003,** ensure the development and implementation of multicultural national strategies and financing plans for, combating HIV/AIDS that address the epidemic in forthright terms; *confront stigma, silence and denial; *address gender and age-based dimensions of the epidemic; *eliminate discrimination and marginalisation; *involve partnership with civil society and the business sector and the full participation of people living with HIV/AIDS, *those in vulnerable groups and people mostly at risk, particularly women and young people; are resourced to the extent possible from national budgets without excluding other sources, *inter alia, international co-operation; fully promote and protect all human rights and fundamental freedoms, including the right to the highest attainable standard of physical and mental health; *integrate a gender perspective; *and address risk, vulnerability, prevention, care, treatment and support and reduction of the impact of the epidemic; and strengthen health, education and legal system capacity [UN 47 (1)]	**Change in Title itself could lead to change in attitude of GO, NGO and general public….."Combating HIV/AIDS" could be changed to "Responding to children with HIV/AIDS"** The programmes must be intersectoral and non-compartmentalised. An integrated approach is most essential for any effective intervention. Care and prevention are two sides of the same coin. Care must all be a focus issue in dealing with HIV/AIDS affected persons. Health Insurance is a necessity especially since the cost of care is so high. The present policy of denying insurance to these persons is very disturbing and all affected especially children need to be provided with social security and health insurance. Women must also be provided with a comprehensive and non-discriminatory care and education package so that they can facilitate the interventions at family level. Protection tools such as safer sex has not been given much importance and needs to be addressed as a necessary component which can be incorporated with a comprehensive life skills programme
• By 2005, ensure that at least 90 per cent, and by 2010, at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection; in full partnership with youth, parents, families, educators and health-care provides [UN 47 (2)]	
• By 2005, develop and make significant progress in implementing comprehensive care strategies to strengthen family and community based care including that provided by the informal sector, and health care systems to provide and monitor treatment to people living with HIV/AIDS, including infected children, and to support individuals, households, families and communities affected by HIV/AIDS; improve the capacity and working condition of health care personnel, and the effectiveness of supply systems, financing plans and referral mechanisms required to provide access to affordable medicines, including anti-retroviral drugs, diagnostics and related technologies, as well as quality	• Food security programmes • Attention to the 'carers' who are usually women or children

medical, palliative and psycho-social care.(UN 47(3)] • By 2005, implement measures to increase capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including sexual and reproductive health, and through prevention education that promotes gender equality within a culturally and gender sensitive framework [UN 47 (4)] • By 2003, develop, and/or strengthen strategies, policies and programmes that recognise the importance of the family in reducing vulnerability, inter alia, in educating and guiding children and taking account of cultural, religious and ethical factors, in order to reduce the vulnerability of children and young people by: ensuring access of both girls and boys to primary and secondary education, including on HIV/AIDS in curricula for adolescents; ensuring safe and secure environments, especially for young girls; expanding good quality youth friendly information and sexual health education and counseling service; strengthening reproductive and sexual health education and counseling service; strengthening reproductive and sexual health programmes; and involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible [UN 47 (5)] • By 2003, develop and begin to implement national strategies that incorporate HIV/AIDS awareness, prevention, care and treatment elements into programmes or actions that respond to emergency situations, recognising that populations destabilized by armed conflict, humanitarian emergencies and natural disasters, including refugees, internally displaced persons and, in particular, women and children, are at increased risk of exposure to HIV infection; and where, appropriate, factor HIV/AIDS components into international assistance programmes; [UN 47 (6)] • Develop strategies to mitigate the impact of HIV/AIDS on education systems and schools, students and learning [UN 40(19)] • Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatisation of children orphaned and made vulnerable by HIV/AIDS [UN 47 (7)]	• Child headed and child alone families are to be taken into special account since they are more vulnerable in terms of livelihood, maintenance and continuation of education and are at high risk of being infected themselves. • Strengthening of RCH care • Attention to the carers who are usually women or children • Food security programmes • Anti retroviral therapy(NACO, international funding) • Children with dual problems e.g., drug abuse and HIV/AIDS • Capacity building at all levels

- **The specific objectives of the National AIDS Prevention and Control Policy are:**
  - i. To reiterate strongly the Government's firm commitment to prevent the spread of HIV infection and reduce personal and social impact.
  - ii. To create an enabling socio-economic environment for prevention of HIV/AIDS, to provide care and support to people living with HIV/AIDS and to ensure protection/promotion of their human rights including right to access health care system, right to education, employment and privacy, to mobilise support of a large number of NGOs/ Community . Based organisations (CBOs) for an enlarged community initiative for prevention and alleviation of the HIV/AIDS problem.
  - iii. To decentralise HIV/AIDS control programme to the field level with adequate financial and administrative delegation of responsibilities.
  - iv. To strengthen programme management capabilities at the State Governments, municipal corporations, Panchayath institutions and leading NGOs participating in the programme.
  - v. To bring in horizontal integration at the implementation level with other national programmes like Reproductive and Child Health, TB Control, Integrated Child Development Scheme and with the primary health care system.
  - vi. To prevent women, children and other socially weak groups from becoming vulnerable to HIV infection by improving health education, legal status and economic prospects
  - vii. To provide adequate and equitable provision of health care to the HIV infected people and to draw attention to the compelling public health rationale for overcoming stigmatisation, discrimination and seclusion in society .
  - viii. To constantly interact with international and bilateral agencies for support and cooperation in the field of research in vaccines, drugs, emerging systems of health care and other financial and managerial inputs.
  - ix. To ensure availability of adequate and safe blood and blood products for the general population through promotion of voluntary blood donation in the country.
  - x. To promote better understanding of HIV infection among people, especially students, youth and other sexually active sections to generate greater awareness about the nature of its transmission and to adopt safe behavioural practices for prevention.

Objectives of the National Blood Policy are

- i. To reiterate firmly the Govt. commitment to provide safe and adequate- quantity of blood, blood components and blood products.
- ii. To make available adequate resources to develop and re-organise the blood transfusion services in the entire country.
- iii. To make latest technology available for operating the blood transfusions services and ensure it's functioning in an updated manner.
- iv. To launch extensive awareness programmes for donor information, education, motivation, recruitment and retention in order to ensure adequate availability of safe blood.
- v. To encourage appropriate clinical use of blood and blood products.
- vi. To strengthen the manpower through human resource development.
- vii. To encourage Research & Development in the field of Transfusion Medicine and related technology.
- viii. To take adequate regulatory and legislative steps for monitoring and evaluation of blood transfusion services and to take steps to eliminate profiteering in blood banks

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Strategies: • To provide Voluntary Counseling Testing Centers in all districts of Karnataka in order to detect HIV/AIDS cases. to reduce spread of HIV infection in the State.	HOW? Capacity building of health workers to educate the community. Setting the center with central and state aid.
• To strengthen States capacity to respond HIV/AIDS on a long-term basis.	Awareness generation in the community
• To reduce Transmission of Mother to Child Transmission.	Under the National AIDS Control Programme, the GOI has initiated a feasibility study to prevent mother to child transmission by AZT prophylaxis in 11 centers in 5 states. Karnataka is one of these and the centers support the pregnant mothers with counseling and education on this matter. They are also tested with informed consent and pre-test counseling. This must be strengthened.
• To ensure the easily accessible, adequate supplies of safe and quality blood and blood components for all irrespective of economic or social status.	Implementation of National Blood Policy
• To raise awareness, improve knowledge and understanding among the general population about AIDS infection and STD, routes of transmission and method of prevention.	Awareness generation in the community
• To promote desirable practices such as avoiding multi partner sex, condom use, sterilisation of needles/syringes and voluntary donation of blood.	Awareness generation in the community
• To mobilise all sectors of society to integrate messages and programmes on AIDS into their existing activities.	-
• To train health workers in AIDS communication and coping strategies for strengthening technical and managerial capabilities.	
• To create a supportive environment for the care and rehabilitation of persons with HIV/AID.	
• Implementation of National Blood Policy	
• Capacity building of health workers to educate the community. Setting the center with central and state aid.	

Section V

CROSS CUTTING THEMES

CROSS CUTTING THEMES

1.GIRL CHILD

Right to Protection of the Girl Child

a. The state and community shall ensure that offences committed against the girl child, including child marriage, forcing girls into prostitution and trafficking are speedily abolished.
b. The state shall in partnership with community undertake measures, including social, educational and legal, to ensure that there is greater respect for the girl child in the family and society.
c. The state shall take serious measures to ensure that the practice of child marriage is speedily abolished.

Introduction

In India as it is in the states, the girl child still occupies a far inferior position to that of the male child. Prioritising the needs of the girl child, as deserving special attention in the larger issue of women is the first step to be taken by all development workers. Measures are to be taken to mainstream sectoral programmes so that they reach and serve girls who are systematically discriminated against. Also, targeted programmes and advocacy initiatives must be designed and implemented to address specific concerns for girls. Discrimination against the girl child begins the day she is born and always at home. This cycle continues until she herself becomes a mother and so perpetuates itself by its very nature.

Age (in years)	< 1 yr	1-2yrs	3-5 yrs	6-10 yrs	11-13 yrs	14-15 yrs
NO. in millions	21.706	43.084	66.065	118.256	74.468	47.269
Percentage	2.14	4.26	6.53	11.68	7.36	4.67

- Nearly 50% of the total female population is girls below 19 years of age
- Of the 12 million girls born each year, a fourth will not survive to celebrate their 15th birthday
- Over 60% of India's nearly 150 million girls remain illiterate.
- Estimates indicate that girl children actually outnumber boys in the child labour force.
- A fifth of the rapes registered in India are of girls between 10 and 16 years, one in 25 of girls below 10.
- Of the 4.5 million marriages that take place in India every year, 3 million are of girls in the 15-19 age group.

(Ref: The NGO Country Report on Beijing Plus Five from the Indian Women's Movement 2000)

- 1998-99 statistics show that 41.2%girls dropout at the primary level and 60.7%at the elementary level

(Ref: The State of Children India: Promises to Keep , A.R.Bose)

The attitude towards girls are reflected in the following social trends:

- **Population growth indicates gender discrimination** – female population has grown at a much slower rate than the male population.
- **Sex ratio is unfavourable to women** –964
- **Education: More** than half of India 's girl children do not go to school and those who do go drop out by age of 12 years.
- **Girl child marriage** – 39% of girls between 15-19 years were married during 92-93
- **Early pregnancy and unsafe motherhood**
- **Female mortality**-due to various factors like differential health care, education, nutritional status etc.
- **12 million girls born every year**-3 million (1/4) do not survive to see their 15th birthday
- **Nutritional status**-45% girl children are suffering from stunted growth as compared to 20% boys.

UNGASS GOAL	NATIONAL GOAL Reduction in gender gaps in literacy by at least 50% by 2007 (10th Five Year Plan (2002-07) Planning Commission)

1994 goals	1994 OBJECTIVES	ISSUES
To reverse the trend of decline in sex ratio	**1995** **Arrest declining trend in sex ratio** **1997** **Reverse the existing declining trend in sex ratio** **2000** **Sustain reversal in declining sex ratio**	

1994 goals	1994 OBJECTIVES	ISSUES
To ensure that 100% girl children including disabled, have access to primary education through formal, non formal and alternative system	**1995** **80% coverage of girl children under primary education** **1997** **90% coverage of girl children under primary education** **2000** **100% coverage of girl children under primary education**	**5,47,263 girl children out of school (Makkala Sameekshe 2001)** **There are a vast number of non-enrolled children in this figure.**

1994 goals	1994 OBJECTIVES	ISSUES
To cover 80% of adolescent girls through special and periodic awareness campaigns on health, nutrition, hygiene, sex education, mother and child care as well as protection from child abuse and exploitation.	**1995** **Coverage of 40% adolescent girls in health camps.** **1997** **Coverage of 70% adolescent girls in health camps.** **2000** **Coverage of 80% adolescent girls in health camps.**	**Was this programme carried out at all?**

1994 goals	1994 OBJECTIVES	ISSUES
To provide vocational skills for self reliance among 50% adolescent girls including school drop outs	**1995** **20% coverage of adolescent girls in vocational training** **1997** **30% coverage of adolescent girls in vocational training** **2000** **50% coverage of adolescent girls in vocational training**	**Through which bodies did the govt. plan to carry out such an ambitious programme?** **Any results documented…..measurable indicators?**

STATE GOAL: To raise the sex ratio to 975/1000 for the general population by 2010 and to 970 for the 0-6 years population by 2010

STATE OBJECTIVES	STRATEGIES	ISSUES/QUESTIONS
• Promote child health and survival and reduce disparities between and within developed and developing countries as quickly as possible, with particular attention to eliminating the pattern of excess and preventable mortality among girls and children (UN 37 (4))	i. To raise the overall status of the girl child and bring about a positive change in the family and community attitudes towards her. ii. To improve the nutritional and health status of girls in the age group of 11-18 years.	Some more strategies must be evolved to meet this objective. Special measures have to be worked out to deal with this theme: Girl Child, under each sub section of the SPAC. Viz. Strict implementation of the PNDT Act with stringent measures for punishment Government, non-government and media campaigns to address the evils of female feticide and female infanticide must be separately planned and implemented. The ones that work best locally have to be promoted. Focus on the girl child's nutrition in the under 6-age group and again in her puberty years.

		In case of a girl child with disability, it is more important to take educative and rehabilitative steps since the girl child is less likely to receive medical care, support and fair access to opportunity. The overall status of the girl child means special focus on her education, prevention of abuse /exploitation perpetrated on her, protecting her from illness/disability and making policy related changes with respect to girl child/women issues.
• Develop and implement programmes that specifically aim to eliminate gender disparities in enrolment and gender-based bias and stereotypes in education systems; curricula and materials, whether derived from any discriminatory practices, social or cultural attitudes or legal and economic circumstances [UN, 40 (13)] • To focus specific programmes on the adolescent girl for their overall protection and development.	iii. To provide the required literacy and numeracy skills through the non-formal stream of education to stimulate a desire for more social exposure and knowledge and to help them improve their decision making capabilities. iv. To train and equip the adolescent girls to improve/upgrade home-based and vocational skills. v. To promote awareness of health, hygiene, nutrition and family welfare, home management and child care, and to take all measures as to facilitate their marrying only after attaining of 18 years and if possible, even later vi. To gain better understanding of their environment related social issues and the impact on their lives vii. To encourage adolescent girls to initiate various activities to be productive and useful members of the society. viii. To provide scholarships to girls from rural areas in order to encourage them - to pursue their education and to improve their educational level. ix. To initiate Government, non-government and media campaigns to address locally relevant issues eg. the evils of female feticide and female infanticide. x. To launch programmes that specifically focus on the girl child's nutrition in the under 6-age group and again in her puberty years. xi. To implement programmes that advocate and create awareness about delaying pregnancy and childbirth xii. To ensure strict implementation of the PNDT Act with stringent measures for punishment	Equal opportunity to formal education….we must not provide the alternative of NFE for the girl child. This encourages drop out and indifference to the education of the girl child. Home management and child care need not been special part of a girl child's curriculum…it is a general/family issue which need to be discussed with all groups concerned Stringent implementation of the Child Marriage Restraint Act. Incentives/rewards for education completion , girl child survival, best practices etc must be given to Panchayath, schools, families, and individuals. Innovative initiatives must be highlighted and rewarded, if possible duplicated.

2.WOMEN

National objectives:

i. Creating an environment for the positive economic and social policies for the full development of women to enable them to realize their full potential
ii. Equal access to participation and decision making of women in social and political and economic life of the nation.
iii. Equal access to women to health care, quality education at all levels, career and vocational guidance, employment equal remuneration occupational health and safety, social security and public office etc.
iv. Strengthening legal systems aimed at elimination of all forms of discrimination against women
v. Changing societal attitudes and increase their control over their income through their involvement in skill development and income generation activities.

State goals

- Creating a non-discriminatory environment through positive economic and social policies for the full development of women to enable them to realize their full potential
- Equal access to participation and decision making of women in social and political and economic life of the nation.
- Equal access to women to health care, quality education at all levels, career and vocational guidance, employment equal remuneration occupational health and safety, social security and public office etc.

State objectives

1. Strengthening legal systems aimed at elimination of all forms of discrimination against women.
2. To create holistic empowerment of women through awareness generation, economic empowerment and convergence of various schemes.
3. To enhance women's access to resources for better quality of life through use of drudgery and time reduction devices, health, literacy and confidence enhancement and increasing their control over their income through their involvement in skill development and income generation activities.

Strategies.

i. To create holistic empowerment of women through awareness generation, economic empowerment and convergence of various schemes.
ii. To enhance women's access to resources for better quality of life through use of drudgery and time reduction devices, health, literacy and confidence enhancement and increasing their control over their income through their involvement in skill development and income generation activities.
iii. To support the formation of Self-Help Groups through financial and administrative means.
iv. To undertake awareness programmes to make women aware of their rights with specific reference to Social Empowerment, Economic Empowerment, and Gender Justice.
v. To implement legislations that closes the gaps in wages, literacy and access to basic services.

3. BIRTH REGISTRATION

Major Goal:
Achieve 100 percent registration of births, deaths, marriage and pregnancy (National Population Policy)

Objectives

- Develop systems to ensure the registration of every child at or shortly after birth, and fulfill his or her right to acquire a name and a nationality, in accordance with national laws and relevant international instruments [UN 44(1)]
- The Registration of Births and Deaths Act, 1969, Ministry of Home Affairs

ISSUES/QUESTIONS:
No. of registration of pregnancies, deliveries,
Statistics about the - Registration with name of the child, parents and place of birth - as per the Jan 2000 format.

State Goals

1. Develop systems to ensure the registration of every child at or shortly after birth, and fulfill his or her right to acquire a name and a nationality, in accordance with national laws and relevant international instruments.
2. The Registration of Births and Deaths Act, 1969, Ministry of Home Affairs to be implemented

State Objectives:

1. All children till age 10 to be registered free.
2. All births to be reported and newborns to be registered by local authority.
3. 80% registration of pregnancy/deliveries at the village level.
4. All records to be maintained at local level and copies to be maintained at district level. This move is to be sustained and fine tuned by 2007.

Strategies:

1. Investigate what has been successfully implemented in other states where registration increased.
2. Integrating the Anganawadi, ANM and PHC activities for birth registration.
3. Make registration a responsibility of the Panchayath and the community as a whole.
4. Recognise good performance and reward it through community gatherings
5. Target young couples who will understand the significance and meaning of birth registration. Enlist their support as motivators/animators of community.
6. The GOI has 200,000 local registration units and 100,000 local registrars. Their functions should be monitored and the report should be made public.

MEASURES FOR THE IMPLEMENTATION, MONITORING, REVIEW AND EVALUATION OF THE SPAC

SPAC is a collective effort of several of the departments of government of Karnataka, research institutions and NGOs. The goals to be achieved again with effective coordination among these forces with time bound activities. Each goal in every section has certain targets to be achieved in this decade. This calls for regular review, monitoring and reporting about the developments at district and state level again with the able participation of both government and non-government representatives at regular intervals. Children, who have taken a major role in developing the SPAC-2003, will be part and parcel of the monitoring and review of the SPAC.

Some of the measures suggested for the implementation of the SPAC are:

1. Each department to review the resource allocations/budgets for child development programmes and plans, suggest reallocate existing resources and develop resource plans in the light of SPAC suggestions.
2. Communication and dissemination material and strategy to be worked out by respective departments to reach the SPAC plans and recommendations to every taluka and village in the next two years.
3. Training packaged to be developed to sensitise concerned personnel at various levels on the implementation of the SPAC.
4. Monitoring committees at district level to be set up under the chairmanship of the DC with NGO and children's representatives.
5. State level review of the progress with respect to SPAC with process and impact indicators under the chairmanship of the Director, Directorate of Women and Child Development.